

TENNESSEE STATE UNIVERSITY COLLEGE OF AGRICULTURE

Faculty, Graduate Assistant, Student Time and Effort

Name: _____ **Unit:** Ag. Env. Sci. Human Sci. Other (specify): _____

Time period: Spring Semester Summer Semester Fall Semester Year: _____

Purpose: Workload Report Activity Report Modification of Workload Date of modification: _____

Teaching Account	Name of course taught	% Effort

External Grant Account Number	Account Name	Statement of grant funded activities for this period	% Effort

Capacity Fund Source (check box)	% Effort	Project title and statement of capacity funded activities for this period
Evans-Allen/ State Match		Title: _____
Extension/ State Match		
McIntire-Stennis/ State Match		
EFNEP		
		Total Effort

Employee Signature: _____ **Supervisor Signature:** _____

Associate Dean Signature: _____ **Additional Supervisor if needed:** _____