

**TENNESSEE STATE UNIVERSITY  
COLLEGE OF AGRICULTURE  
Non-Faculty 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:** \_\_\_\_\_

Capacity Fund Source (check box)	% Effort	Statement describing your responsibilities/activities this period paid with capacity funds.
Evans-Allen/ State Match		
Extension/ State Match		
McIntire-Stennis/ State Match		
EFNEP		

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

**Employee Signature:** \_\_\_\_\_ **Supervisor Signature:** \_\_\_\_\_

**Associate Dean Signature:** \_\_\_\_\_ **Additional Supervisor if needed:** \_\_\_\_\_