

**TENNESSEE STATE UNIVERSITY
COLLEGE OF AGRICULTURE
Non-Faculty Time and Effort**

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

Time period: April 1 - September 30 October 1 - March 31 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		
SNAP-Ed		

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: _____