

**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)	% Time	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: _____