

TENNESSEE STATE UNIVERSITY COLLEGE OF AGRICULTURE

Faculty / Graduate Assistant Time and Effort

Name: _____ **Department:** **Agricultural and Environmental Sciences** **Human Sciences**

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 Funds (check applicable source)	Project title and statement of capacity funded activities for this period	% Effort
Evans-Allen/State Match Evans-Allen	Title: _____	
Extension/ State Match Extension		
McIntire-Stennis/ State Match McInt.-Stenn.		
EFNEP		
Total Effort		100%

Employee Signature: _____

Supervisor Signature: _____

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