

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

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

Time period: **April 1 - September 30** **October 1 - March 31** **Year:** _____

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

Enter a statement below describing your responsibilities/activities this period paid with capacity funds.	% Effort

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:** _____