

TENNESSEE STATE UNIVERSITY COLLEGE OF AGRICULTURE

Faculty and Graduate Assistant Workload

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

Time period: **Jan. 1- May 30** **June 1- Aug 30** **Sept 1 - Dec. 31** **Year:** _____

Teaching Account	Name of course taught	% Effort

Account Name	External Grant Account Number	Statement of grant funded activities for this period if form is for a Graduate Assistant	% Effort
Evans-Allen/ State Match			
Extension/ State Match			
McIntire-Stennis/ State Match			
EFNEP/SNAP			
Total Effort			

Employee Signature: _____ **Major Professor Signature:** _____

Certifying Official Signature: _____ **Department Head (if teaching)** _____