TENNESSEE STATE UNIVERSITY
COLLEGE OF AGRICULTURE

Non-Faculty Time and Effort Form

Name _____ **Department** _____ ◯ **April 1,** _____ **to September 30,**_____

◯ **October 1,** _____ **to March 31,** _____

Account Number of Activity	Account Name	Activity Associated with Account	Percent Effort
Total Effort			0

Employee Signature: _____

Department Head Signature: _____

Associate Dean Signature: _____