

**TENNESSEE STATE UNIVERSITY
COLLEGE OF AGRICULTURE
Non-Faculty Workload**

Name: _____

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

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

Responsibilities of this employee: [This section will be pre-populated with a generic statement of responsibilities relating to the position of the employee.]

Account Name	External Grant Account Number	% Effort
Evans-Allen/ State Match		
Extension/ State Match		
McIntire-Stennis/ State Match		
EFNEP		
Total		

Employee Signature: _____ **Supervisor Signature:** _____

Additional Supervisor (if needed): _____

Certifying Official Signature: _____