

TENNESSEE STATE UNIVERSITY COLLEGE OF AGRICULTURE

Faculty, Graduate Assistant, Student Time and Effort

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

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: _____