

CERTIFICATION OF TIME RECORD FOR GRANTS AND CONTRACTS

SOUTHERN ILLINOIS UNIVERSITY CARBONDALE

Reporting Period: _____

Account Information: BP #: _____ BP Title: _____

Fiscal Officer: _____ Unit Name: _____

Cost Share Reporting:

Name	% of Time Devoted To Grant	% of Time Devoted To Other Activities	Payroll Actually Charged Against (Attach a copy of the Payroll Certification)		
			Budget Purpose #	Salary	Pro-rated

IMPORTANT:

- Report time only for those individuals devoting time to the project, but not paid from agency provided project funds.
- Certifier should be the individual with best knowledge of work performed, usually the fiscal officer or principal investigator.
- Attach a copy of the payroll certification for the actual salary posted.
- Pro-rated salary is a 9 month academic appointment paid over 12 months.

CERTIFICATION:

I hereby certify to the correctness of time devoted by personnel named above to the participation of the grant or contract indicated in the Account Information section.

FO or PI Signature Date Additional Approval (if applicable) Date