## Carbondale Campus End User Instructions FORM – Certificate of Time Record for Grants & Contracts

| <u>Use</u> :                  | To fulfill requirements of the Office of Management and Budget as published in Uniform Guidance to secure monthly after the fact certification of time devoted to sponsored grants and contracts. |   |   |
|-------------------------------|---|---|---|
|                               | NOTE: Report time only for those individuals who devoted time to the project but are paid from other accounts. Do not report time for those individuals who are paid from the project account.    |   |   |
| Access:                       | Access the form via the E-Forms website ( <u>http://eforms.siu.edu/</u> ),<br>Adobe Reader 7.0 or higher must be installed on your computer.  |   |   |
| Instructions:                 | Complete the form using the following instructions: (Unless noted, all fields are <b>REQUIRED</b> ).  |   |   |
| Reporting Period:             |   | Choose reporting period from drop-down list.  |   |
| Account Information Section:  |   | Grant or Contract Title<br>Budget Purpose Number<br>Fiscal Officer<br>Unit                              | Budget Purpose Title<br>Budget Purpose Number<br>Name of Fiscal Officer reporting time<br>Name of Unit reporting time |
| Cost Share Reporting Section: |   | Name  | Name of individual(s) who devoted time to project   |
|                               |   | % of time devoted to<br>Grant/Contract  | % of time devoted to projectfor given month by individual   |
|                               |   | % of time devoted to<br>other activities  | % of time devoted to other activities for given month by individual   |
|                               |   | The two percentages reference   | ed above must equal 100%.   |
| BP Number.                    |   | Indicate BP number where actual salary posted for reporting period.                                     |   |
| Actual Salary:                |   | Indicate actual dollar amount of salary posted for reporting period.                                    |   |
| Pro-rated:                    |   | Choose yes or no from drop-down list. (Pro-rated salary is a 9-monthacademic year paid over 12 months.) |   |
| Routing:                      |   | This form may not be submitted electronically.  |   |
| To Submit:                    |   | Print form.   |   |
|                               |   |   | al with the best knowledge of work performed on the er or Principal Investigator. Contact OSPA with                   |
|                               |   | Attach copy of payroll certification.   |   |
|                               |   | Mail to:<br>Grant & Contract Accounting<br>MC 4709  |   |