

PLEASE COMPLETE ALL SECTIONS. For assistance, contact your faculty-assigned [Research Facilitator](#). Forward completed form(s) to the Research Services Office (222 Campus Tower) at least once every 6 months, or as requested by the RSO), and retain a copy(s) for your records. NOTE: As per NIH regulations, detailed time sheets are required and should be retained by the department or Principal Investigator to provide in the event of an audit.

Project Details

Principal Investigator

Project Number (RES#)

Time and Effort

Employee Name	Employee ID	Employee Position	Date format is DD-MM-YYYY		% allocated to this project		Amount of salary charged to project
			Reporting Period		% Salary	% Effort	
			From (Date)	To (Date)			

Declaration of Principal Investigator

The Principal Investigator certifies that the information provided is complete and accurately reflects the work performed on this project.

Principal Investigator Signature X	Date Signed
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