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PIEDMONT UNIVERSITY							
	Effort of Certification F	Report					
Employee Name:							
ID#			v.				
Title:							
Pay Period:							
Activity:	Project Code:	·	Effort (%) of Hours				
	TOTAL (Mu	st Equal 100%)					
I certify that this a true and correct report of the actual hours I worked during this period.							
Employee Printed Name	x:						
Employee Signature:		Date:					
I certify that I have suitable means to verify all effort or time of this individual. I certify further that, to the best of my knowledge, the effort or time indicated on this report reasonably reflects the actual effort of this individual.							
Supervisor Printed Name	e:	Title:					
Supervisor Signature:		Date:					