



**Illinois Wesleyan University
Time and Effort Certification Form for Stipend Employees**

Contact Information:

Name: _____

Department: _____

Account # of Grant: _____

Grant PI/Director: _____

Work Status: Full-time/Part-time (circle one)

Time Period: _____

Description of Time and Effort

I, _____, acknowledge that I worked _____ hours on activities related to the above listed grant overall during the above listed time period. During that time, _____% of my time and efforts were directly related to the above listed grant.

The work I performed on this project is as follows (include amount of time on each activity):

Verification of Time and Effort

By signing this form, you confirm that your time has been spent working on the above project.

Name _____ Date _____