

## Summer Time and Effort Reporting Form

All faculty requesting summer effort **must** fill out this form. If you have any questions or need assistance completing this form, please contact the Post-Award Research Administration at nyuad.postaward-researchadmin@nyu.edu

Name:		Division:		-	Subdept:			
		Time / Effort Spent on a Research Grant						
NYUAD Sponsored Account <chartfield: Fund-Org-Program-project code&gt;</chartfield: 	Sponsor	Principal Investigator? (Y/N)	In Whole Number (1 = 1 month)	% of Effort	In Whole Number (1 = 1 month)	% of Effort	In Whole Number (1 = 1 month)	% of Effort
			June		July		August	
*state 100% for a full month of time & effort			Total Months			,	Total Effort	
I confirm that the distribution o for which I am responsible is re- I understand that falsification o disallowed costs, penalities, and	asonable in relation to al r other misrepresentatio	ll work performe	d during the	Certific	ation period	indicate	d.	
Signature of Employee		-	Date					
Printed Name		-	Title					
Comments:								