

FACULTY, JOE NAME
 76199 D CUC PAYCODE
 SR THERAPIST RANK/TITLE

MICHIGAN STATE UNIVERSITY
 CONTRACT AND GRANT ADMINISTRATION
 SEMESTER EFFORT REPORT

CONTRACT&GRANT DEPARTMENT
 ANNUAL BASIS APPOINTMENT
 FALL 2005
 08/16/05-12/31/05 REPORT PERIOD

INSTRUCTIONS AND GUIDELINES

Please report, in column 7, the effort worked on each sponsored account and the effort for the total of all unsponsored accounts for the report period identified above. Use whole numbers only. As a guideline to help you fill out this Semester Effort Report, Payroll and Cost Sharing information are printed below. The effort for all accounts must total 100%. Semester Effort Reports (SERs) are generated only for individuals paid from or cost shared on sponsored project accounts (61-0000 - 71-4999) when required by the funding agency. After completion, please sign and return this form to Contract and Grant Administration, 301 Administration Building.

1 ACCOUNT NUMBER	2 PROJECT TITLE OR ACCOUNT NAME	3 DEPARTMENT	4 SEMESTER PAYROLL INFORMATION	5 SEMESTER COST SHARING COMMITMENT	6 TOTAL SEMESTER COMMITMENT <small>(4 +/- 5)</small>	7 ENTER THE PERCENT OF EFFORT WORKED DURING THE SEMESTER
61-0000	HOW A PERSON CAN COMPLETE WORK OF 10 PEOPLE IN A SINGLE DAY	CONTRACTS & GRANTS	36 %		36 %	40
61-0001	HOW TO REDUCE STRESS	CONTRACTS & GRANTS	0	+ 10 %	10 %	10
11-9991		CONTRACTS & GRANTS	12 %			
11-9999		CONTRACTS & GRANTS	52 %	- 10 %		
TOTAL UNSPONSORED			64 %	- 10 %	54 %	50
TOTAL			100 %		100 %	100 %

CERTIFICATION

I CERTIFY THAT THE ABOVE PERCENTAGE OF EFFORT REPRESENTS A REASONABLE ESTIMATE OF THE WORK PERFORMED BY THE STATED INDIVIDUAL DURING THE REPORT PERIOD.

Joe Faculty
 INDIVIDUAL OR UNIT ADMINISTRATOR

12/16/05
 DATE