



Effort Distribution Report

Name: _____

MU ID#: _____

Month/Yr Covered by this Report: _____

This effort distribution report must reflect all activities for the month named above as they apply to all accounts where you have been named as an active participant. This includes the department from which you are paid your regular salary through the University as well as all grants and/or contracts administered through the University. Do not include any extra time you work for additional compensation outside of your regular salary such as consulting, evening college, etc.

Account Number	Type of Activity Being Performed	% of Effort Applied To This Activity	** Certifying Signature

Total Effort This Pay Period: _____

I hereby certify that the distribution of effort for the individual named above is to the best of my knowledge a true and correct statement.

Employee Signature

Date

Note: Please enter % as a decimal (example: .57 for 57%)