

OFFICE OF TITLE III PROGRAMS Time and Effort Monthly Report Form

This document is to be completed and submitted by the 5th day of each month for the preceding month by each employee (activity director and paid personnel) with required signatures. Upload completed form to designated activity Microsoft Teams channel.			
Employee Name:	Position Title:		
Activity Name:	Activity Number:	_Month/Year:	
Activity Director:	Department:		
Activity Directors need not complete this section.			
Distribution of Time and Effort Record the percentage of effort given to e Title III Duties Non-Title III Duties		-	ot exceed 100%)
(Note: If you are 100% compensated by Title III, your time must equal 100%) TOTAL: (cannot exceed 100%)			
Description of Major Title III Related Tasks Perfor	med (Please list them explicitly and in	past tense)	Related to Objective #:
I certify that this distribution of time and effort represents a true accounting of my effort expended on Title III duties during this reporting period.			
Employee:	Date	::	
Supervisor:	Date	2:	
Activity Director:	Date	::	

Title III Director:

2500 West North Avenue

Date: _____

Baltimore, MD 21216 ALW 10/2024