

## OFFICE OF TITLE III PROGRAMS Time and Effort Monthly Report Form

This document is to be completed and submitted by the <b>5th day of each month</b> 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