LSU HCSD Sponsored Projects
Time and Effort Log
Monthly Payroll

Name (last name first)	Social Security Number	Department Name

Medical Center Name	Project/Program Name	Total Hours Expended this Pay Period

Date:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Leave Taken																
Total Daily Hrs																

Date:	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total PP
Leave Taken																
Total Daily Hrs																

I certify that to the best of my knowledge, this information is true and correct as it relates to this project.

_____

Signature (Employee) Date

_____

Approved (Supervisor) Date

_____

Approved (Project Director) Date

6/11/02
SS/HCSD Planning

For Completion by Medical Center Financial Staff ONLY:

Account	Fund Code	Dept ID	Program	Class	Project ID	Budget Period	Total Hours
			95001	61010		FY 2004	

Signature

Date