



Middlebury

## Time & Effort Form

Faculty Name

Faculty ID #

**1. Please identify the salary type for this request:**

**2. Please fill in the below information for the applicable grant(s):**

**Grant #1**

Oracle Department

Oracle Designation

Sponsor

Award Period to

Amount requested

Work Start/End Dates to

Percent Effort

Grant Pays Full Benefits?

**Grant #2 (if applicable)**

Oracle Department

Oracle Designation

Sponsor

Award Period to

Amount requested

Work Start/End Dates to

Percent Effort

Grant Pays Full Benefits?

**2a. COMPLETE THIS SECTION ONLY IF YOU SELECTED "SUMMER SALARY" IN RESPONSE TO QUESTION 1**

Total Months of Summer  
Salary Requested\*

Add'l Uncompensated  
Effort\*\*

VPAA Approved > 2  
Summer Months?

Total Months of Summer  
Salary Requested\*

Add'l Uncompensated  
Effort\*\*

VPAA Approved > 2  
Summer Months?

\*Summer is defined as the equivalent of two months unless the VOAA has approved 2.5 months.

100% Summer Salary may not exceed 2/9th previous academic year salary (or 2.5/9ths if approved by VPAA).

\*\*If grant requires effort to be documented, indicate number of months of unpaid summer effort.

***I certify that the above figures accurately represent the minimum total effort that I plan to work on the above grant(s) indicated during the time period indicated.***

Principal Investigator / Proj. Director Date

Human Resources Office

Date

Controller's Office Date

Other (if required)

Date

**FOR ADMINISTRATIVE USE ONLY**

Grant #1  
EDORDA

Payroll Period(s) Covered: through

% Effort - AY

% Effort - Grant Period

Grant #2  
EDORDA

Payroll Period(s) Covered: through

% Effort - AY

% Effort - Grant Period