

**FAYETTEVILLE STATE UNIVERSITY**  
**Fayetteville, North Carolina 28301-4298**

TIME & EFFORT/ACTIVITY REPORT  
 For Split Salaried and Grant Supported Employees

\_\_\_\_\_  
 Month/Year

Employee:

Activity Name: Strengthening Academic Support in Courses and Programs w/ High Attrition Rates

Activity Subhead: Supplemental Instruction Program

Percent of Time:                      State:                      Non-State: 100%

BRIEF DESCRIPTION OF WORK PERFORMED	State	Non-State	
		Title III	Other
Attend class:		30%	
Conduct Supplemental Instruction Session:			
Conduct Supplemental Instruction Session:			
Conduct Supplemental Instruction Session:			
Conduct Supplemental Instruction Session:			
Prepare for Supplemental Instruction Sessions:			
Prepare for Supplemental Instruction Sessions:			
Prepare for Supplemental Instruction Sessions:			
Meet with SI Coordinator (Training):		10%	
SICK LEAVE			
ANNUAL LEAVE			
HOLIDAY			
TOTAL PERCENT OF TIME		100%	

I CERTIFY THAT THE ABOVE IS CORRECT:

\_\_\_\_\_  
 Employee's Signature

\_\_\_\_\_  
 Supervisor's Signature

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Activity Director's Signature