

# Guide to Time and Effort Form (OSP Form Three)



OSP Form Three Time and Effort Report

Professional Workload Assignment and Certification of Workload Time and Effort Report (The person named in this report has been assigned the following for the reporting period specified.)

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Time and Effort (T&E) Certifications for the subject period above are due. Once this form is completed, certified and submitted, it will be routed to your supervisor for further review and processing. Please make every effort to enter the correct email address for your supervisor to ensure proper routing of your submission.

Time and Effort Reporting is a requirement for you because at least a portion of your salary or wages is paid by funds other than state funds (external funds). In the *Uniform Guidance*, Section 200.430 it is stated: "Charges to Federal awards for salaries and wages must be based on records that accurately reflect the work performed. These records must be supported by a system of internal control which provides reasonable assurance that the charges are accurate, allowable, and properly allocated".

To complete the forms please visit <u>www.fvsu.edu/sponsored-programs</u> Select **Resource Center** or or <u>www.fvsu.edu/title-iii</u>

## Section 1 User Information

	Professional Workload A	ssignment and Certificat	tion of Workload Time and Effort Re	eport
	(The person na	med in this report has been assigned the fo	llowing for the reporting period specified.)	
		User Informat	ion	
	First Name * Alfreda	Last Name * 0012345	Date * 4/23/2020	
	Title <sup>*</sup> Data and Technology Resea	ID Number *0028706	Phone *(478) 825-6576	
	Department * OSP	Emp. Type * Staff 🔹 🔻	Email *hestera@fvsu.edu	
1.	Enter the first name.			
2.	Enter the last name.			

- 3. Enter Title.
- 4. Enter Employee ID number

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- 4.1. Your employee ID number may be found on your **employee ID card** or **paycheck stub** Add 00 to make the employee id complete.
- 5. Enter FVSU phone number.
- 6. Enter FVSU department.
- 7. Enter Employee Type. Choose either Faculty, Staff, or Student
- 8. Enter FVSU email address.

## Section 2 Supervisor Information

	Supervisor Info	ormation	
Supervisor *Alfreda	Supervisor * Hester	Supervisor *alfreda.hester@fvsu.edu	
First Name	Last Name	Email	

- 1. Enter Supervisor first name.
- 2. Enter Supervisor last name.
- 3. Enter Supervisor FVSU email address.

### Section 3 Project Information

		Pro	oject Informa	tion	
Number of Projects Types	Please Select 🔻		Reporting Period *	Please Select	▼ This field is required.
	Please Select				
Project Type	1	oject Title			Project Description/ Responsibility
* Choose •	2			] [	
This field is required.	3				
•	4				
Preaward_Proposaxlsx	∧ 👜 HSC-Cons	ent-Fordocx	^		

1. Enter the number of projects that make up your salary.



	Project Information						
Number of Projects Ty	es Please Select ▼	Reporting Period *	Please Select ▼ Please Select	This field is required.			
Project Type * Choose  This field is required.	Project Tit	tle	Fall Quarter Winter Quarter Spring Quarter Summer Quarter	Project Description/ Responsibility			
	Account Number/ Department Number	Funding	Fall Semester Spring Semester Summer Semester	Salary Charges	Effort %		

#### 2. Select a Reporting Period-

	Quarterly Progress Report Due Dates for Title III					
Quarter         Time Period Covered         Due Date						
Fall	October 1 – December 31	January 25				
Winter	January 1 – March 30	April 25				
Spring	April 1 – June 30	July 25				
Summer	Summer July 1 – September 30 October 25					
5	Semester Progress Report Due Dates for all other S	ponsored Projects				
Semester	Time Period Covered	Due Date				
FallAugust 1-December 31January 15						
Spring January 1-April 30 May 15						
Summer	May 1-July 31	August 15				

Project Type	Project Title	Project Description/ Responsibility
Sponsored V	Enhancing Research and Sponsored Programs at Fort Valley State University	Supervises a four member staff in the Office of Sponsored Programs dedicated to providing guidance as it relates to securing and managing external funding.

- 4. Select the project type:4.1. Choose either Sponsored (Grant Funding ) or Academic (State Funding)
- 5. Enter the Project title for the grant.5.1. Example: "Literacy K-12" DoEd/UGA

OSP

6. Enter project description and your responsibility to the project in **75** words or less. 6.1.1.Example:Clerical Assistant-responsible for day to day clerical duties.

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	Account Number/ Department Number	Funding Source	Salary Charges	Effort %
	20000-16500-61000-1053000-3345046	External		100
Total Effort %	100	Total Charges \$		

7. Enter your grant number beginning with 20000 available.a. Example: 20000-1011150-16000-11000-331111

or 3312345

8. Select the Funding Source that applies

Cost ShareIn-KindMatchingExternalExternalStateState for Academic.

- 9. Enter the Salary Charges for this reporting period
  - 9.1. **Quarterly**: Enter your gross salary for the quarter (three months) from you paystub if 100% of your salary was from the grant budget.
  - 9.2. If a percentage of your salary was from the state budget, multiply the total by the percentage and place the amounts into the corresponding field.

9.2.1.	Example: Total gross for quarter	\$10,000	
	Sponsored amount	60% x \$10000	=6

60% x \$10000	5 =6,000
<u>40% x \$10000</u>	=4,000
100%	=\$10,000

10. Enter the Effort Percentage- between 1 and 100%10.1.Example: Most common-100%

State amount

\* If a percentage of your salary is paid by another grant (Sponsored) and/or State (Academic) fund, you must create an additional row(s) with applicable information.

I certify that the distribution of effort shown above is true and reflects a reasonable estimate of the percentage of TOTAL effort at FVSU that was spent on the award(s). Falsifying this form is punishable by federal law under the False Claims Act Amendments. 31 U.S. Code Sections 3729 & 3721.

angin electronically	×
Please read the <u>Disclosure / Consent</u> bef form electronically.	ore you sign your
Typing your name exactly as it appears b completing this form using an electronic 3 electronically, you are certifying that you understand the Disclosure/Consent and a sign. You also agree to receive required communications related to this transactio	elow signifies you are lignature. By signing have read and ligree to electronically lisclosures or other in electronically.
To continue with the electronic signature	process, please enter
your name and click the "Sign Electronica your information and submit your electron	ally" button to save nic signature.
your name and click the "Sign Electronica your information and submit your electron Alfreda	ally" button to save tic signature.
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your name and click the "Sign Electronic your information and submit your electron Afreda Afreda Hester Bign Electronically If you would like to got out of electronic si the "Opt out and print" init below to save the a local copy for your signature.	elly" button to save lic signature. gnature, please click your information and

**11**. Click to acknowledge that you have read and understand the statement

12. Enter your First and Last name to electronically sign the form and Click submit.



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## Section 4 Supervisor Area

- 1.1. Review the submitted data for accuracy. If the data is correct, complete and sign the Supervisor Area. If incorrect proceed to Step 1.3
- 1.2. Does the user/originator report directly to the Office of the President? Yes or No
  - 1.2.1. Only select yes if the user/originator report directly to the Office of the President

0	Approval Signal	ures:	
	Supervisor/Desigr	ee Area:	
Does the user/originator repor	t to the office of the president * Please Select 🗸 🗸		
	Dean/VP Inform	ation:	
Please enter the Dean's/VP's First Name *	information in the boxes below: Last Name *	Email *	
	Supervisor/Designee	Signature:	
*			
Signature	Date		

Sign electronically	1.2.2. Enter Dean/VP first name.
Please read the <u>Disclosure / Consent</u> before you sign your form electronically.	1.2.3 Enter Dean/VP last name
Typing your name exactly as it appears below signifies you are completing this form using an electronic signature. By signing electronically, you are certifying that you have read and	
understand the Disclosure/Consent and agree to electronically sign. You also agree to receive required disclosures or other communications related to this transaction electronically.	1.2.4. Enter Dean/VP FVSU email address.
To continue with the electronic signature process, please enter your name and click the "Sign Electronically" button to save your information and submit your electronic signature.	1.2.5. Click to acknowledge that you have read and understand the
Alfreda Alfreda	statement
Hester	
Sign Electronically	1.2.6. Enter your First and Last name to electronically sign the
If you would like to opt out of electronic signature, please click the "Opt out and print" link below to save your information and print a local copy for your signature.	form and Click submit.
Opt out and print	



Save Progress	Return for Revision	Submit Form

1.3. If the data is incorrect select the reject button.

Reject the form	n
This form will be re form.	sjected. Please enter the content of the email that will be sent to the previous form participant(s) to prompt them to review and/or re-submit the
0	
freda Hester (hestera	a@tvsu.edu)
om	
freda Hester (hestera	a@fvsu.edu)
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Please add the additi	ional funding account
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ou are missing the funding	; from Title IIII
Reject this form	Characters (including HTML): 4

1.4. Next complete the **reject comment form**. The form will now be return to the Principle Investigator.



## Section 5 Dean/VP Area

- 1. Review the submitted data for accuracy.
  - 1.1. If the data is correct complete and sign the Supervisor Area. If the data is incorrect proceed to Step 1.2

	Dean/VP Area:
	Dean/VP Signature:
* I verify that I am responsible for the accuracy and	timely completion of this Time and Effort Report.
* I understand that Time and Effort Reports must be	completed and signed within 60 days after the end of each reporting period.
*	
Signature Date	
Sign electronically X	1.1.1. Enter Dean/VP first name.
Please read the <u>Disclosure / Consent</u> before you sign your form electronically. Typing your name exactly as it appears below signifies you are	1.1.2. Enter Dean/VP last name.
completing this form using an electronic signature. By signing electronically, you are certifying that you have read and understand the Disclosure/Consent and agree to electronically sign. You also agree to receive required disclosures or other communications related to this transaction electronically.	1.1.3. Enter Dean/VP FVSU email address.
To continue with the electronic signature process, please enter your name and click the "Sign Electronically" button to save your information and submit your electronic signature.	1.1.4. Click to acknowledge that you have read and understand the
Alfreda Alfreda	statement
Hester	
Sign Electronically	1.1.5. Enter your First and Last name to electronically sign the
If you would like to opt out of electronic signature, please click the "Opt out and print" link below to save your information and print a local copy for your signature.	form and <b>Click</b> submit.
Opt out and print	



Save Progress	Return for Revision	Submit Form
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1.2. If the data is incorrect select the reject button.

form.	one crow one million service one previous form participant(5) to prompt them to review anovor resoluting the
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ou are missing the funding from Title IIIII	

1.3. Next, select the Principle Investigator Name in the TO: field. Enter a note to the let the Principle Investigator now what need to be corrected on the form.

Important Note: Returning a form will clear the form of any signatures after the participant the form is returned to. The form will then restart the workflow from that point.

# Section 5 Title III Area

- 1. Review the submitted data for accuracy.
  - 1.1. If the data is correct, complete and sign the Supervisor Area. . If incorrect proceed to Step 1.2

	Dean/VP Area:	
	Dean/VP Signature:	
*		
* 📃 I understand that Time and Effort Reports must be completed and signed within 60 days after the end of each reporting period.		
*		
Signature	Date	

- 1.1.1. Click to acknowledge that you have read and understand the statement
- 1.1.2. Enter your First and Last name to electronically sign the form and Click submit.



Save Progress	Return for Revision	Submit Form
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1.2. If the data is incorrect select the reject button.

form.	one crow one million service one previous form participant(5) to prompt them to review anovor resoluting the
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ou are missing the funding from Title IIIII	

1.3. Next, select the Principle Investigator Name in the TO: field. Enter a note to the let the Principle Investigator now what need to be corrected on the form.

Important Note: Returning a form will clear the form of any signatures after the participant the form is returned to. The form will then restart the workflow from that point.

## Section 5 OSP Area

Sign Electronically

Opt out and print

If you would like to opt out of electronic signature, please click the "Opt out and print" link below to save your information and print a local copy for your signature.

- 1. Review the submitted data for accuracy.
  - 1.1. If the data is correct complete and sign the Supervisor Area

	Dean/VP Area:	
	Dean/VP Signature:	
* I verify that I am responsible for the accuracy and	timely completion of this Time and Effort Report.	
* I understand that Time and Effort Reports must be	completed and signed within 60 days after the end of each reporting period.	
*		
Signature Date		
Sign electronically	1.1.1. Click to acknowledge that you have read and	understand the
Please read the <u>Disclosure / Consent</u> before you sign your form electronically.	statement	
Typing your name exactly as it appears below signifies you are	statement	
companing this term tank an extension as apparent of significant of significant of the provided of the provide	1.1.2. Enter your First and Last name to electro	onically sign the
To continue with the electronic signature process, please enter your name and click the "Sign Electronically" button to save your information and submit your electronic signature.	form and Click submit.	
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Hester		



Save Progress	Reject	Submit Form
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1.2. If the data is incorrect select the reject button.

Reject the form
This form will be rejected. Please enter the content of the email that will be sent to the previous form participant(s) to prompt them to review and/or re-submit the form.
o Jfreda Hester (hestera⊜fvsu.edu)
i <b>rom</b> \lfreda Hester (hestera@fvsu.edu)
jubject
Please add the additional funding account
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Source
B I U X <sub>2</sub> x <sup>2</sup> ∃ ∃ ∃ ∃ ∃ ∃ ∃ Styles + Format + Arial + 13px + ∰+ ∰+
fou are missing the funding from Title IIIII
Characters (including HTML): 43
Reject this form Cancel and return to form

1.3. Next, select the Principle Investigator Name in the TO: field. Enter a note to the let the Principle Investigator now what need to be corrected on the form.

Important Note: Returning a form will clear the form of any signatures after the participant the form is returned to. The form will then restart the workflow from that point.

