Guide to Proposal Submission Form

(OSP Form Three)

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 [www.fvsu.edu/sponsored-programs](http://www.fvsu.edu/sponsored-programs) Select Resource Center or [www.fvsu.edu/title-iii](http://www.fvsu.edu/title-iii)

Section 1
User Information

![Professional Workload Assignment and Certification of Workload Time and Effort Report](image)

1. Enter the first name.
2. Enter the last name.
3. Enter Title.
4. Enter Employee ID number

Guide to Time & Effort Submission Form (OSP Form Three)
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

1. Enter Supervisor first name.

2. Enter Supervisor last name.

3. Enter Supervisor FVSU email address.

Section 3
Project Information

1. Enter the number of projects that make up your salary.
2. Select a Reporting Period-

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Time Period Covered</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td>October 1 – December 31</td>
<td>January 25</td>
</tr>
<tr>
<td>Winter</td>
<td>January 1 – March 30</td>
<td>April 25</td>
</tr>
<tr>
<td>Spring</td>
<td>April 1 – June 30</td>
<td>July 25</td>
</tr>
<tr>
<td>Summer</td>
<td>July 1 – September 30</td>
<td>October 25</td>
</tr>
</tbody>
</table>

Semester Progress Report Due Dates for all other Sponsored Projects

<table>
<thead>
<tr>
<th>Semester</th>
<th>Time Period Covered</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td>August 1-December 31</td>
<td>January 15</td>
</tr>
<tr>
<td>Spring</td>
<td>January 1-April 30</td>
<td>May 15</td>
</tr>
<tr>
<td>Summer</td>
<td>May 1-July 31</td>
<td>August 15</td>
</tr>
</tbody>
</table>

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

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.
7. Enter your grant number beginning with 20000 available.
   a. Example: 20000-101150-16000-11000-331111 or 3312345

8. Select the Funding Source that applies

   | Cost Share          | External for Sponsored Grants such as Title III, NSF, NIH, etc... |
   | In-Kind             | State for Academic.                                              |
   | Matching            |                                                               |

9. Enter the Salary Charges for this reporting period

   9.1. **Quarterly:** Enter your gross salary for the quarter (three months) from your 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 | State amount |
              | 60% x $10000     | 40% x $10000 |
              | $6,000           | $4,000       |
              100%          |               $10,000 |

10. Enter the Effort Percentage - between 1 and 100%

   10.1. Example: Most common-100%

* 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.C. Code Sections 3729 & 3721.

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.
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

1.2.2. Enter Dean/VP first name.

1.2.3. Enter Dean/VP last name.

1.2.4. Enter Dean/VP FVSU email address.

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

1.2.6. Enter your First and Last name to electronically sign the form and Click submit.
1.3. If the data is incorrect select the reject button.

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 incorrect proceed to Step 1.2

1.1.1. Enter Dean/VP first name.
1.1.2. Enter Dean/VP last name.
1.1.3. Enter Dean/VP FVSU email address.
1.1.4. Click to acknowledge that you have read and understand the statement
1.1.5. Enter your First and Last name to electronically sign the form and Click submit.
1.2. If the data is incorrect select the reject button.

1.3. Next complete the reject comment form. The form will now be return to the Supervisor to return to the Principle Investigator for correction.
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

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

1.3. Next complete the reject comment form. The form will now be return to the Dean who will then return it to the Supervisor to return to the Principle Investigator for correction.
Section 5
OSP Area

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:

[Check box if responsible for 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

 celularly (please see instruction sheet)

Address
City
State
Zip

If you would like to sign electronically, please click the 'Sign Electronically' button to view the signed form and print a hard copy for your signature.
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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.
1.2. If the data is incorrect select the reject button.

Next complete the reject comment form. The form will now be return to Title III who will return to Dean who will then return it to the Supervisor to return to the Principle Investigator for correction.