Central New Mexico Community College

Time/Effort Log Report

Name _____ Project Title _____

Social Security Number _____ Activity _____

Date: From _____ to _____

Descriptive Task	Date	Time Performed/Actual Hours

I certify that the above hours in the time performed/actual hours column represents my activity for this period.	I hereby certify that the time performed/actual hours column reflects the distribution of activity for the individual for this period.

Employee's Signature Date CGA/Project Manager Signature Date