GEORGIA SOUTHWESTERN STATE UNIVERSITY

Payroll Distribution – Activity Record

In compliance with Section J. 6.C. of the Office of Management and Budget Circular A-21, all employees who receive salary payments for work done on a federally sponsored program must complete the following Activity Record. If in any given month all or part of the salary earned is from a US Government grant, this form must be completed and forwarded to the Business Office. Please complete one form per month per grant.

| | Grant Name: | | |
|----------------------------|----------------------------|---|--|
| | Month: | Year | |
| Week Beg/Ending | (a) Total Hrs worked | (b) Hrs directly related to grant | (c) % of time allocated Fed Grant (b)/(a) |
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| Totals | | | |
| hereby certify that to the | best of my knowled | ge, the above informa | tion is correct. |
| Employee Name (Print) | Employee Signature | | Date |
| Supervisor's Signature | | - | R |