



Form 125B
University of Puerto Rico
 Unit: _____

Time and Effort Certification Report

Employee Name	Social Security
Department/Faculty	Position
Faculty (___) Professional (___) Non-Professional (___)	

EFFORT REPORT PERIOD: Fall ___ Spring ___ Summer ___ Year ____

SPONSORED ACCOUNTS			LEVEL OF EFFORT %	AMOUNT CHARGED TO ACCOUNT
CAMPUS OF THE ACCOUNT	ACCOUNT NUMBERS	COST CATEGORY/ MAJOR FUNCTION AND PROJECT TITLE		
COST SHARING				
UNIVERSITY FUNDS				
CAMPUS OF THE ACCOUNT	ACCOUNT NUMBERS	COST CATEGORY/ MAJOR FUNCTION AND PROJECT TITLE		
TOTAL EFFORT AND BASE SALARY			100%	

COMMENTS REGARDING PAYROLL ADJUSTMENTS

CERTIFICATION

I certify that this distribution of activity represents a reasonable estimate of the effort spent during the period covered by this report.

 Employee's signature Date

In the case the covered name individual is not available at the time this report is due, one having that has suitable means of verification shall certify this form.

 Certifier Date

FINANCE OFFICE USE ONLY

I certify that the amounts charged to federally funded activities of the projects represent the actual costs according to the effort devoted and payroll information.

Audited by: _____ **Date:** _____

- Please note:
- Form 125B must be reviewed and if needed, adjusted appropriately to reflect a reasonable estimate of actual effort, and certified.
 - Adjustments made to the level of effort % from the pre printed form may require a salary cost transfer be made to ensure salaries charged agree with the level of effort % certified.