

Form 125A
University of Puerto Rico
Unit: _____



Time and Effort Report for Establishing Payroll Distribution

Employee Name			Social Security	
Department/Faculty			Position	
Faculty () Professional () Non-Professional ()			Base Salary	
EFFORT REPORT PERIOD: Fall___ Spring___ Summer___ Year_____				
Effective Date of Payroll Distribution: _____				
Multi-campus and/or Projects funded by campuses other than the home campus of the professor Yes ___ No ___				
<small>If the answer is "Yes" the form will require the signature of the supra-campus projects Directors. See section below.</small>				

SPONSORED ACCOUNTS			LEVEL OF EFFORT %	AMOUNT TO BE 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 COMPENSATION			100%	

PAYMENTS PAID FOR OTHER WORK NOT INCLUDED IN THE BASE SALARY		
Account Numbers	Type of work performed	AMT. Paid

COMMENTS			

APPROVAL			
Employee's signature	Date	_____	Date
		_____	Date
Home Department Approver	Date	Project Director(s) of the home campus of the faculty member	Date

APPROVAL FROM SUPRA-CAMPUS PROJECTS DIRECTORS				
Employee's signature	Date	_____	_____	_____
		_____	_____	_____
		Campus of Project Director	Supra-Campus Project Director(s) from which the faculty receives compensation	Date

FINANCE OFFICE USE ONLY	
Revised by: _____	Date: _____