



**Southern Connecticut State University**

**Instructional Faculty Time Sheet**

for

**Grant Compensation for Non-Bargaining Unit Work Authorization**

**Pursuant to**

**Article 10.12 of Instructional Faculty Contract**



Faculty Member: \_\_\_\_\_ Banner Organization #: \_\_\_\_\_

Grant Title: \_\_\_\_\_

Month \_\_\_\_\_ Year: \_\_\_\_\_

Day	Total Hours Worked	Day	Total Hours Worked
1		17	
2		18	
3		19	
4		20	
5		21	
6		22	
7		23	
8		24	
9		25	
10		26	
11		27	
12		28	
13		29	
14		30	
15		31	
16			

**Total Hours for Month:** \_\_\_\_\_ **Rate per Hour:** \_\_\_\_\_ **Total Amount:** \_\_\_\_\_

Faculty Member Certification: I certify that the above hours worked are correct and in accordance with the statement of work of the above grant proposal.

Faculty Member: \_\_\_\_\_ Date: \_\_\_\_\_

Project Director (for grant-funded programs) \_\_\_\_\_ Date: \_\_\_\_\_  
OR Chairperson (for revenue-generating, non-credit programs)

Sponsored Programs and Research (for grant-funded programs) \_\_\_\_\_ Date: \_\_\_\_\_  
OR Dean (for revenue-generating, non-credit programs)