



## MONTHLY TIME AND ACTIVITY REPORTING FORM

### College Cost Reduction and Access Act Asian American Native American Pacific Islander-Serving Institution Grant Project

This form should be completed and submitted to the Project Director, Mae Lee (x8973, MCC-21), within 7 days after the end of the month. It serves to confirm payroll fiscal records for all grant-supported activities.

ACADEMIC YEAR: \_\_\_\_\_ MONTH: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Position Title in Relation to Grant: Faculty Partner – Instructor of First-Year Experience (FYE) Program

WEEK / DATES	MAIN ACTIVITIES	Hours Per Week
<b>Week 1 of Month</b> (M-F) Dates:		
<b>Week 2 of Month</b> (M-F) Dates:		
<b>Week 3 of Month</b> (M-F) Dates:		
<b>Week 4 of Month</b> (M-F) Dates:		
<b>Week 5 of Month</b> (M-F) Dates:		

I certify that the information above is correct.

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Signature: Employee's Dean Date

\_\_\_\_\_  
Signature: Grant Project Director Date