



QUARTERLY 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 quarter. It serves to confirm payroll fiscal records for all grant-supported activities.

ACADEMIC YEAR: _____ ACADEMIC QUARTER: _____

Last Name: _____ First Name: _____

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

Main Activities Completed During Quarter (Summary or bulleted items are fine)

Total Hours Per Quarter = _____

I certify that the information above is correct.

Employee Signature

Date

Signature: Employee's Dean

Date

Signature: Grant Project Director

Date