

**MONTHLY
CONTRACT/GRANT EFFORT REPORT
HUDSON VALLEY COMMUNITY COLLEGE**

EMPLOYEE NAME: _____

EMPLOYEE BANNER ID #: _____

TITLE/POSITION: _____

MONTH _____ **YEAR** _____

GRANT NUMBER

PERCENTAGE OF EFFORT

COLLEGE

TOTAL

100%

I certify the above information to be a reasonable estimate of my effort to the best of my knowledge and ability.

Employees Signature

Date

Supervisors Signature

Date

Forward Original to the Business Office, Administration Building, Room 266