



DOANE UNIVERSITY

Verification of Time Worked

Grant Title _____ Grant Award # _____
Name _____ Job Title _____
Social Security # _____ G L Account # _____

This is to certify that I did perform services for the above grant as follows:

Dates: From _____ Through _____

% of time on Grant _____ Hours _____

Dates: From _____ Through _____

% of time on Grant _____ Hours _____

Dates: From _____ Through _____

% of time on Grant _____ Hours _____

Employee Signature: _____ Date: _____

Pay Rate:

Stipend \$ _____

Percentage based 100% of 1 month = 1/9 salary

Primary Grant PI Signature: _____

Date: _____

This form must be executed and delivered to the payroll office by the 24th day of each month the grant is in effect and it will be filed with the permanent payroll records.

For Business Office Use:

Date Received _____ **By** _____