



18422 Bear Valley Road, Victorville, CA 92395

TIME AND EFFORT AFFIDAVIT (MULTIPLE, MONTHLY)

EMPLOYEE NAME: _____

TIME PERIOD COVERED: FROM: _____ **TO:** _____

I certify that the activities and time indicated for the month of _____ were conducted on behalf of Victor Valley Community College District in support of the following grant objectives:

Cost Objective: _____

Percentage of Time: _____ % _____ (initial)

Activities: _____

Cost Objective: _____

Percentage of Time: _____ % _____ (initial)

Activities: _____

Cost Objective: _____

Percentage of Time: _____ % _____ (initial)

Activities: _____

Cost Objective: _____

Percentage of Time: _____ % _____ (initial)

Activities: _____

Cost Objective: _____ **Non federal funds** _____

Percentage of Time: _____ % _____ (initial)

Activities: _____

Employee Signature _____ **Date:** _____

Program Manager Signature _____ **Date:** _____

Program Manager Signature _____ **Date:** _____

Program Manager Signature _____ **Date:** _____

Program Manager Signature _____ **Date:** _____