



18422 Bear Valley Road, Victorville, CA 92395

Monthly Time & Effort Affidavit

EMPLOYEE NAME: _____

MONTH COVERED: **FROM:** _____ **TO:** _____

I certify that the activities and time indicated for the above period were conducted on behalf of Victor Valley Community College in support of the _____ grant objective(s).

Summary of Activities and accomplishments devoted to program: _____

Percentage of Time: 100% _____ (initial)

Position: _____

Employee Signature: _____ **Date:** _____

Program Manager Signature: _____ **Date:** _____