

**THE UNIVERSITY OF MISSISSIPPI  
PERSONNEL ACTIVITY REPORT FOR COST SHARING  
FOR EMPLOYEES ON CONTRACTS & GRANTS**

Name:

Pay Period:

Employee ID:

Department:

**Cost Sharing Paid from Non-Federal Sources**

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Internal Order	Percentage Time on This Project
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Certification**

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I certify the percentages reported correspond to the effort devoted to each project by this employee.

\_\_\_\_\_  
Department Head or Project Director

\_\_\_\_\_  
Date