



## Statement of Hours Worked For Federally Funded Third-party Project

Funding code: \_\_\_\_\_

Project title: \_\_\_\_\_

\_\_\_\_\_

Project manager: \_\_\_\_\_

Institute/Facility: \_\_\_\_\_

Hereby is confirmed that \_\_\_\_\_<sup>1</sup>

- for the entire funding period
- in the period from \_\_\_\_\_ to \_\_\_\_\_

in accordance with the employment scope defined in the financing plan,

- Full time (100%)
- Teilzeit (\_\_\_\_\_% bzw. \_\_\_\_\_ Stunden/Monat)

solely on the above-cited project.<sup>2</sup>

Project Manager

Employee

\_\_\_\_\_  
(Date/signature)

\_\_\_\_\_  
(Date/signature)

<sup>1</sup> First and last name of the individual

<sup>2</sup> Time records must be submitted for project-related work performed outside the time period specified.