

Monthly Time and Effort Certification

Reporting Period:		2024	Department:										
	Month	Year	·										
Employee Name:			Employee ID:	#N/A									
associates, and other	personnel performing	g work at responsil	` ,	•									
	. 0		eet of actual hours	worked.									
3 3 3													
INSTRUCTIONS:	Please complete all o	reen shaded area	s if you are subject	t to Policy 400 725									

	OTHER TYPES O	OF EFFORT	Percent Effort									
Patient Care												
Instruction & Training												
Other Hospital Activitie	es											
	ORGANIZED RESEARCH Project IRPNET # Short Title											
Project	IRBNET#	Short Title	Percent Effort									
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30												
		TOTAL	0.00%									

By submitting this Time & Effort report, I certify that the percent of effort stated above reasonably reflects the effort expended in the reporting period. Additionally, I certify that I have first-hand knowledge or a suitable means to verify the effort reported on this Time & Effort Report.

Signature:	Date:	Reviewer Initials:

Submit this report within 10 days of the end of the reporting period. Email a completed copy of this T&E certification and tracking report (if required) to Department Administration. Responsible Dept Admin will submit to CFD-S.Research.Finance@AdventHealth.com.



Monthly Time and Effort Tracking Report For the Reporting Period

Employee Name: #N/A / 2024

										Month						Year																			
		Day of the Week																																	
TYPES OF EFFORT	IRBNET #	SHORT TITLE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL TIME	PERCENT EFFORT
1 Organized Research																																			
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Patient Care Total	•											'																							
Patient Care	PC	Patient Care																																	
Instruction and Training Total	•	•																																	
Instruction and Training	I&T	Instruction and Training																									_								
Other Hospital Activities Total	_	•																																	
Other Hospital Activities	ОНА	Other Hospital Activities																									_								
Other Hospital Activities	ОНА																																		
Other Hospital Activities	ОНА																																		
PDO																																			
	•	TOTAL HOURS	3																																
Í		TOTAL HOURS less PDO)																																0.00%

Current Version YY_MM_LastName_FirstName_T-E ver 24.02.27

Instructions for completing AdventHealth Monthly Time & Effort Reports

Before you begin, please note:

1. Only edit the green, shaded cells on the template.

2. Carefully transpose the IRBNet# and Study Short Title into the green, shared cells on Page 2 Tracking from from the running project list available here:

H:\tri\TRI_SHARED\ADMINISTRATION\EFFORT_REPORTING\IRBNet

https://dynamicview.smartsheet.com/views/f290eac2-7aa1-40d9-b59d-ab5965871258

Time and Effort Certifications are to be **completed** and **submitted** by the **10th day of the month** following the reporting period (e.g. a February report is due on March 10th). If the deadline falls on a weekend or holiday, the report is due on the following business day.

Steps:

1. Start with a new, blank template for each month. Save the excel file using the following standard nomenclature:

YY_MM_LastName_FirstName_T-E ver XX.XX.XX (the version number at the end of the file title may change month to month)

For example, a January 2024 report would be saved in the 2024 Efforts Reports/01_2024 folder as: 24_01_McDonald_Ronald_T-E ver XX.XX.XX

- 2. Complete Page 1: Certification & Page 2: Tracking (if applicable) following the detailed instructions below:
- 3. Optional: Once all pages are completed, submit to your supervisor for review. Supervisors should review and provide final files to the appropriate department administrative team member for processing by the 10th day of the month following the reporting period.
- 4. Department Administration must notify CFD-S.Research.Finance@AdventHealth.com when all files are ready for processing.

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Page 1: Certification													
Complete all fields as follows:													
Field Name	Instructions												
Month	Select Reporting Period Month												
Year	Select Reporting Period Year												
Employee Name	Select Employee Name												
Employee ID	Employee's unique AdventHealth identification number (found on paystub) will autopopulate. If your												
	EID does not populate, please contact Department Administration.												
Professional Staff?	Mark (X) either Yes or No.												
If Yes	You do not need to complete Page 2. You can report reasonable percent effort for each category												
	(Patient Care, Instruction & Training, Other Hospital Activities and Organized Research).												
	However, a department may require completion of Page 2 regardless of how you answered.												
	However, a department may require completion or rage 2 regardless of now you answered.												
Percent Effort	Report the percent effort that reasonably reflects the effort expended by employee during the reporting												
1 CICCIII EIIOIT	period. This can be manually entered or automatically populated from Page 2.												
Patient Care	Means those departments ("cost centers") which render routine standard of care or ancillary hospital												
	services to in-patients and/or outpatients. This does not apply to most research staff.												
Instruction & Training	Means the formal or informal programs of educating and training technical and professional health												
	service personnel. This category should not be used to capture study-specific training.												
	Examples: 1) attending compliance training; 2) P&P (SOP) training, 3) attending professional career												
	development conferences, etc.												
Other Hospital Activities	Means all organized activities of a hospital not immediately related to the patient care, research, and												
	instructional and training functions which produce identifiable revenue from the performance of these												
	activities. General Administration falls under this category or anything that can't be tied to a particular												
	study.												
	Examples: 1) attending staff/core/committee meetings; 2) writing SOPs; 3) tea buildings, etc.												
Organize esearch	Moans all research activities of a hospital that may be identified whether the s												
Organize esearch													
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	in IRB .org). Usi his list, ca Illy tra pose the uni #as ed to												
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anort Title	Department will keep a list of studies on the π-drive ε Smartaneet for your reservence. Using this list,												
Chort rido	carefully transpose the Short Title tied to the IRBNe This may be the internal or departmental key												
	words used by each department. If the list is missing a judy or you need clarification/guidance on the												
	allocation of an activity, please contact Department Auministration.												
	amount of an activity, please contact Department Administration.												
If No	Complete Page 2: Tracking. Page 1 fields will automatically populate from information provided in												
	Page 2.												

Page 2: Hourly Tracking	
Complete All Fields as follows:	
Field Name	Instructions
Employee Name	This field will automatically populate from Page 1
Month	This field will automatically populate from Page 1
Year	This field will automatically populate from Page 1
Organized Research	Means all research activities of a hospital that may be identified whether the support for such research is from a federal, non-federal or internal source. Effort reporting is a requirement for organized research supported by federal dollars such as NIH grants.
IRBNet #	Department will keep a list of studies on the H-drive and Smartsheet for your reference. For Organized Research, use the reference list to carefully transpose the unique # assigned to an IRB-approved study or a grant award where effort was expended during the reporting period. Only list the first six or seven digits before any dash marks. If the list is missing a study or you need clarification/guidance on the allocation of an activity, please contact Portiolio Management.
Short Title	Department will keep a list of studies on the H-drive and Smartsheet for your reference. For Organized Research, use the reference list to carefully transpose the Short Title tied to the IRBNet #. This may be the internal or departmental key words used by each department. If the list is missing a study or you need clarification/guidance on the allocation of an activity, please contact Department Administration.
Patient Care	Means those departments ("cost centers") which render routine standard of care or ancillary hospital services to in-patients and/or outpatients. This does not apply to most research staff.
Instruction & Training	Means the formal or informal programs of educating and training technical and professional health service personnel. This category should not be used to capture study-specific training. Examples: 1) attending compliance training; 2) P&P (SOP) training, 3) attending professional career development conferences, etc.
Other Hospital Activities	Means all organized activities of a hospital not immediately related to the patient care, research, and instructional and training functions which produce identifiable revenue from the performance of these activities. General Administration falls under this category or anything that can't be tied to a particular study. Examples: 1) attending staff/core/committee meetings; 2) writing SOPs; 3) team buildings, etc.
1 - 31	Each number is the day in each month. Type the <u>total</u> amount of hours spent on a particular study or category during each day of the month . Total percent effort will calculate automatically. For example for a typical 8-hr day: Day 1: Study 1 = 4 (hrs); Study 2 = 0.5 (hrs); Instruction & Training = 1.5 (hrs); Other Hospital Activities = 2 (hrs)
	extra rows for Organized Research, please contact Department Administration.
Total %	Effort in Cell G75 (Page 1) and Cell AO90 (Page 2) MUST ALWAYS equal 100%. If they do not equal 100%, please contact Department Administration.

Form to all	ID.	Employee Name:	B.C. and I	Versi	IDDNET #	Charle This	Daniel Effect	T-4-1 T'
Employe	ee ID:	Employee Name:	Month	Year	IRBNET #	Short Title	Percent Effort	Total Time