

**VIRGINIA STATE UNIVERSITY  
PERSONNEL ACTIVITY REPORT  
RESEARCH-FACULTY-HOURLY-CLASSIFIED STAFF**

**NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**PERIOD:** \_\_\_\_\_  
FROM TO

ACCOUNT NUMBER	TEACHING PERCENT	SEM. HRS.	ADMINISTRATION GENERAL RESEARCH	PERCENT RESEARCH	PERCENT OTHER	TOTAL PERCENT
					100%	100%

\_\_\_\_\_  
**Faculty or Staff** **Date**

\_\_\_\_\_  
**Title III Director** **Date**

\_\_\_\_\_  
**Activity Director** **Date**

NOTE: This form must be completed ONCE every three months. It must be submitted to the Title III Director's Office no later than the 7th of the month following the end of the previous three-month period.

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