The University of Memphis

Faculty Effort Certification

Spring 2004

Dept: CRIMINOLOGY AND CRIMINAL JUSTICE

Position Number: **Account Number: 210650**

Job Code: (•) Nine Month Faculty ( ) Twelve Month Faculty

	Fall		Spring	
	Planned	Actual	Planned	Actual
1. Teaching: direct instruction	20 %	20 %	20 %	%
2. Other Teaching: mentoring, dissertation / thesis committees, and curriculum development.	%	%	%	%
3. Service Outreach: application of knowledge/expertise to community or society problems.	10 %	10 %	10 %	20 %
4. University Service: academic administration (deans, chairs, and assoc / ass'ts).	30 %	30 %	30 %	30 %
5. Other University Service: assigned advisees.	%	%	%	%
6. University Service: other than above such as dept's. and university committees.	5 %	5 %	5 %	%
7. Professional Services: officer of professional organization, journal editorships, article and grant proposal reviews.	5 %	5 %	5 %	5 %
8. Research/Scholarly/Creative Activities: not described below as organized projects.	5 %	5 %	5 %	5 %

Organized Projects: List title or description of organized projects and percent effort on each project. Indicate if the project is externally funded or not and classify the project as (T)eaching, (R)esearch, (P)ublic Service, (L)ibrary Expense.

Ext. Funds Y/N	Function T/R/P/L	Account Number (if known)	Description	Fall Planned	Fall Actual	Spring Planned	Spring Actual
No	R: Research		project safe neighborhoods	10 %	10 %	10 %	10 %
Yes	R: Research	5-34531	child health data consortium	5 %	5 %	5 %	20 %
No	R: Research		dpe of children services- Family to Fa	5 %	5 %	5 %	5 %
No	R: Research		operation courage - metro gang	5	5 %	5 %	5 %
				%	%	%	%
				%	%	%	%
Assigned duties for full time faculty should total to 100%				100 %	100 %	100 %	100 %

Percentages reported are used in State and Federal funding calculations

Comments:

CERTIFICATION STATEMENT (check one):

_____ I certify that the above actual distribution represents a reasonable estimate of the effort expended by me during this period.

_____ As this employee's supervisor, I certify that I have first-hand knowledge of the work performed by the employee and the above distribution represents a reasonable estimate of the work performed during this period.

Certifying Individual's Signature Date

REVIEWED BY THE NEXT HIGHER AUTHORITY OF THE CERTIFYING INDIVIDUAL:

Reviewer's Signature Date