



**Illinois Department of Natural Resources
Grants Program**

3A

FORCE-ACCOUNT EMPLOYEE SALARY AND TIME

Project Number: _____ Project Title: _____

CLG Name: _____

Force-Account Employee Name

Hourly Rate (salary including benefits and excluding Force-Account overhead)

Proof of salary must be attached. If the employee has a pay-rate change during the Project Period, proof of new salary must be attached.

Date Worked	Work Description	Hours Worked	Total Paid (Hours X Rate)
TOTALS			

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal or State award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Both Employee and Manager signatures are required (cannot be same person).

Project Manager's (or Supervisor's) Signature

Employee's Signature

Project Manager (or Supervisor) Name and Title

Date

Date