

PERSONNEL ACTIVITY CERTIFICATION (PAC) FORM*

PAC must be reconciled to documented payrolls for one or more pay period(s)

Employer/Subrecipient Organization Name:

Employee Name: _____

Title: _____

Reporting Period: from _____ to _____ Fiscal Year: _____

Activity/Objective	Funding Source (i.e State Funded, Grant title with CFDA #)	Distribution of Time (%)	# of Hours of Time <small>(Total = # work hours for month)</small>
Totals		100.00%	

I hereby certify that this report is an after-the-fact determination of the total activity, time, and effort expended by the aforementioned personnel for the reporting period cited. I have full knowledge of 100% of these activities.

Signature of Employee: _____

Date: _____

PAC must be signed by a supervisor having first-hand knowledge of the work performed by the employee.

Supervisory Official Name: _____

Title: _____

Signature of Supervisor: _____

Date: _____