

PERSONNEL ACTIVITY REPORT
PAR

School: _____

Employee Name:_____ **Reporting Period (mm/yyyy):** _____

Employee ID #: _____

Funding Source	Activity	Percentage of Time/Effort Committed (%)
		TOTAL %:
		Total time/effort must equal 100%

The signatures below certify this employee performed activities reflected in the attached supporting documentation as distributed by the above percentages during the month specified.

I hereby certify this report is an after-the-fact determination of the total activity and actual effort expended for the period indicated, and I have full knowledge of 100% of these activities.

Signature of Employee

Date

Signature of Supervisor

Date

Position/Title of Supervisor