

**School Identification**  
**PERSONNEL ACTIVITY REPORT**  
**(PAR)**

**\*This form should be used for personnel working on multiple cost objectives that do not have a consistent schedule\***

Name: \_\_\_\_\_ Pay Period: \_\_\_\_\_

Position Title: \_\_\_\_\_

DATE	FUNDING SOURCE and # of Hrs. OF TIME IN RELATION TO 100%			DESCRIPTION OF ACTIVITIES
	TITLE IA	IDEA	LOCAL	
2/1/XX	4		4	Worked with targeted Title IA students on reading; performed general reading services
2/2/XX	4		4	Worked with targeted Title IA students on reading; performed class modeling of strategies for high level literacy students
2/3/XX	4		4	Worked with targeted Title IA students on reading; performed general reading services
2/4/XX	4		4	Worked with targeted Title IA students on reading; performed general reading services
2/5/XX	8			Worked with targeted Title IA students and reviewed Title IA student progress data.
<b>TOTAL</b>	<b>24 hrs</b>		<b>8 hrs</b>	
	<b>60%</b>		<b>40%</b>	

In preparing personnel activity reports, please note the following:

- The reports must be based on an after-the-fact determination of the employee’s actual activities (i.e., these cannot be estimated in advance). For example, the distribution of time might be determined based on notes from personal calendars and/or reasonable estimates of time spent on various activities.
- All of the employee’s compensated time must be accounted for in these reports. This would include time spent on activities in addition to the Federally-supported project(s), as well as leave (sick/vacation/holiday), administrative duties, etc.
- The reports must be signed by the employee or a responsible supervisory official.

*I have performed the above duties as described.*

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**