**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 (weekly, or daily depending on complexity of hours)** | **FUNDING SOURCE and # of Hrs. OF TIME IN RELATION TO 100%** | | **DESCRIPTION OF ACTIVITIES** | |
|  | **Perkins** | **LOCAL** |  |
| **9/26/2022 – 9/30/2022** | **22.5** |  | **Worked with CTE students on career guidance.** |
|  | **17.5** | **Worked in high school guidance office with non-CTE students.** |
| **ETC.** |  |  |  |
| **TOTAL** | **22.5hrs** | **17.5 hrs** |  |
|  | **43%** | **57%** |  |

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.
* Must be signed monthly, at a minimum.

***I have performed the above duties as described.***

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# Employee Signature Date