

PAR (Personnel Activity Report)

Must be signed by the employee and a supervisor

Monthly Certification

Please send the completed form to _____

PLEASE PRINT NAME, LOCATION AND MONTH

Name: _____

Location (s): _____

Month: _____

<i>Name of Program</i>	<i>% of time</i>
_____	_____
_____	_____
_____	_____
Total	100% (total MUST equal 100%)

I certify that the information provided is correct.

Employee
signature: _____ Date: _____

(The Project Director will sign for all other salaried employees working on the grant. If the Project Director is completing this for him/herself, then his or her supervisor will sign as the person confirming the employee's time spent on the project.)

Project
Director/Supervisor: _____ Date: _____

If an employee is a 1.0 FTE in the District then they will report their time based on 40 hours/week. If an employee is a 0.5 FTE in the District then they will report on 20 hrs/week. Regardless of the number of hours the total must equal 100%.