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 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.

**EXAMPLE:**

**PINE VALLEY SCHOOL DEPARTMENT**

**PERSONNEL ACTIVITY REPORT**

**PAR**

**For all Positions Funded by the federal funds**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name: Betty Davis Pay Period: 1/7/19 – 2/1/19 Title: Ed Tech III** | | | | |
| **DATE** | **FUNDING SOURCE and # of Hrs. OF TIME IN RELATION TO 100%** | | | **DESCRIPTION OF ACTIVITIES** |
|  | **TITLE IA** | **SPEC ED** | **LOCAL** | **FOUNDING SOURCE** |
| **1/7/19** | 8 |  |  | **Worked with targeted Title IA students** |
| **1/8/19** | 8 |  |  | **Worked with targeted Title IA students** |
| **1/9/19** | 8 |  |  | **Worked with targeted Title IA students** |
| **1/10/19** |  | **8** |  | **Substitute Pre-K SPED** |
| **1/11/19** |  | **8** |  | **Substitute Pre-K SPED** |
| **1/16/19** |  |  | **8** | **Substitute Reg Ed** |
| **1/24/19** |  |  | **8** | **Substitute Reg Ed** |
| **ETC.** |  |  |  |  |
| **TOTAL** | **16 hrs** | **16 hrs** | **8 hrs** |  |
|  | **40%** | **40 %** | **20%** |  |
|  |  |  |  |  |
|  |  |  |  |  |

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

***2/5/19 (NEEDS TO BE SIGNED AND DATED AFTER THE***

**Employee Signature Date *CERTIFICATION PERIOD HAS PASSED.)***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SCHOOL DEPARTMENT**

**PERSONNEL ACTIVITY REPORT**

**PAR**

**For all Positions Funded by the federal funds**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name: Pay Period: Title:** | | | | |
| **DATE** | **FUNDING SOURCE and # of Hrs. OF TIME IN RELATION TO 100%** | | | **DESCRIPTION OF ACTIVITIES** |
|  |  |  |  | **FUNDING SOURCE** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **ETC.** |  |  |  |  |
| **TOTAL** | Hrs | Hrs | Hrs |  |
|  | % | % | % |  |
|  |  |  |  |  |
|  |  |  |  |  |

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

**Employee Signature Date**