



## **Personnel Activity Report (PAR)**

**PURPOSE OF THIS FORM:** This form is used to document the Time Reporting requirements of OMB Circular A-87. Employees who work on multiple activities funded from different sources have personnel activity records that support the distribution of their salaries / wages. A log must be attached to each monthly PAR documenting the time reported. The same time log should be used to document all of the employee's work activities.

### **DIRECTIONS FOR COMPLETION:**

**The PAR must be completed at monthly, using the following guidelines:**

- Give full name of employee
- Social Security or Identifying Number—*optional* Month/year—must be completed each month after-the-fact.
- Work Activity—list any program from which the employee's salary is funded (General Purpose, CTE, IDEA Part B, Title I, etc.) Then give the percentage of time the employee works in each program.
- Add each percentage of time across the column to determine total percentage of time worked— this must agree with employee personnel and budget records.
- Employee must sign each month.
- Date PAR was completed and signed by employee.
- Give position/title of employee (SE Supervisor, Teacher, Educational Assistant, Nurse, etc.).
- *Signature of Supervisor and date is optional and may be deleted.*
- Provide the location of where the employee is assigned to work (name of school, central office, etc.).
- Attach supporting time log to PAR form.



**Personnel Activity Report (PAR)**

Employee Name: \_\_\_\_\_

Employee SSN: *(Optional)* \_\_\_\_\_

		Percentage of Time Worked by Activity					
Month	Year	Work Activity #1	Work Activity #2	Work Activity #3	Work Activity #4	Work Activity #5	TOTAL % of Time Worked

The signature(s) below certifies this employee performed activities reflected in the attached log as distributed in the above percentages during the month specified.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Job Location / School Name

\_\_\_\_\_  
Signature of Supervisor *(optional)*

\_\_\_\_\_  
Date

**This certification is in support of the Time Reporting requirements consistent with SDE recommended tracking: "Where employees work on multiple activities or cost objectives, a distribution of wages will be supported by personal activity report...."**



### TIME & EFFORT LOG

*Detailed Time Report for \_\_\_\_\_ School District Staff  
Multi-fund Employee (Federal Grant & Other Funds)*

Location/Position: \_\_\_\_\_ Month/Year: \_\_\_\_\_

Staff Name: \_\_\_\_\_ Employee Signature: \_\_\_\_\_

Day	Grant Fund Code:		Other Fund Code:		Total Hours	%
	Hrs.	Task	Hrs.	Task		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
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21						
22						
23						
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25						
26						
27						
28						
29						
30						
31						

\*List below of numbered tasks can be changed to meet your needs. Use number instead of whole task information on form.

- 1 School/Site visit
- 2 Meeting
- 3 Community/Parent contact

Total Grant Hours: \_\_\_\_\_

Total Other Fund Hours: \_\_\_\_\_

- 4 Professional Development
- 5 Extended Day
- 6 Material/Meeting Preparation
- 7 Sick
- 8 Other

\_\_\_\_\_  
Supervisor's Signature

Date: \_\_\_\_\_

**I CERTIFY THAT THE HOURS REPORTED ABOVE ARE A TRUE REPRESENTATION OF WORK PERFORMED.**