## **Notus School District No. 135**

## FINANCIAL MANAGEMENT

7235F2

Personnel Activity Report LEA Name: For the Month of: Year: \_\_\_\_ Employee: Position:

Supervisor:

Cost Objective or Program Activity	Grant  - Fund Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total	%
																		·	
Leave Tim	Leave Time																		
TOTAL																			

Cost Objective or Program Activity	Grant  – Fund Code	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total	%
Leave Time	Leave Time																	
TOTAL	TOTAL																	

I certify that the hours reported above are a true representa	ation of work performed.
Employee signature:	Date:
Immediate Supervisor signature:	Date:
Policy History	
Adopted on: December 10, 2018	
Revised on:	
Reviewed on: August 22, 2023	