

Personnel Activity Report

Name _____

Department _____

Account No.	100	200	300	500	600	700	Totals
Account Title	Indirect	ECIA (Federal)	State (be Specific)	Annual Leave	Sick Leave	Holiday Leave	
Mon. _____	0	0	0	0	0	8	8
Tues. _____	0	7	1	0	0	0	8
Wed. _____	0	8	0	0	0	0	8
Thurs. _____	0	6	2	0	0	0	8
Fri. _____	0	2	2	4	0	0	8
Mon. _____	2	5	1	0	0	0	8
Tues. _____	1	6	1	0	0	0	8
Wed. _____	0	3	5	0	0	0	8
Thurs. _____	0	6	0	0	0	0	8
Fri. _____	1	6	1	0	0	0	8
Totals	4	49	13	4	0	8	80

I certify that this report represents a true recording of effort expended for the period indicated and that I have full knowledge of those activities.

Signature of Employee / Date

Responsible Official / Date

Salary Charging:

Totals	4	49	13	4	0	8	80
Percent of Total*	5.00%	61.25%	16.25%	5.00%	0.00%	10.00%	100.00%
Bi-Weekly Salary	1,700.00	1,700.00	1,700.00	1,700.00	1,700.00	1,700.00	
Amount Charged	85.00	1,041.25	276.25	85.00	0.00	170.00	1,700.00

* Total Hours for Activity divided by Total Paid Hours for Account No. 100, 4 Hours worked divided by 80 hours = 5.00% charged.