

Personnel Activity Report

DISTRICT _____

NAME OF EMPLOYEE: _____

MONTH/YEAR: _____

DAY of MONTH	FEDERAL PROGRAM	FEDERAL PROGRAM	STATE & LOCAL	STATE & LOCAL	TOTAL HOURS
	Hours Worked	Activity	Hours Worked	Activity	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
TOTAL HOURS					
PERCENT OF TOTAL HOURS					
I certify that the hours shown above accurately reflect the work performed during the month of _____, in the year of _____.					

EMPLOYEE SIGNATURE: _____

DATE: _____

DIRECTOR'S SIGNATURE: _____

DATE: _____