**West Carroll Special School District**

**Personnel Activity Report**

**(PAR)**

|  |  |
| --- | --- |
| Employee Name: |  |
| Position/Title: |  |
| Job Location/School Name: |  |
| Employee SSN (Optional): |  |

|  |
| --- |
| **1. Define the Cost Objectives/Activities from Which Salaries are Paid (Title or Project Name).** |
| **Define Cost Objective #1:** |  |
| **Define Cost Objective #2:** |  |
| **Define Cost Objective #3:** |  |
| **2. Record the Percentage of Time Worked in Each Activity/Cost Objective.** |
| **Month** | **Calendar Year** | **Activity/Cost****Objective #1** | **Activity/Cost Objective #2** | **Activity/Cost****Objective #3** | **Total %****of Time Worked** |
|  |  |  |  |  |  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employee Signature: |  |  | Date: |  |
|  |  |  |  |  |
| Supervisor Signature: |  |  | Date: |  |
| (Optional) |  |  |  |  |

***This certification support the Time Reporting requirements of OMB Circular A-87 (Attachment B. (h)(4) which states in part: Where employees work on multiple activities or cost objectives, a distribution of the salaries or wages will be supported by personnel activity reports…***