

**PERSONNEL ACTIVITY REPORT**

Name of Organization: \_\_\_\_“Presidents School District #99-9”\_\_\_\_

Employee's Name: \_\_\_\_\_

Time Period <sup>(1)</sup>: \_\_\_\_\_

Cost Objectives	<i>Distribution of Time</i>
Title I Kindergarten Teacher in “Washington Elementary”	40%
Title I Kindergarten Teacher in “Adams Elementary”	50%
Administration (Title I Director Activities)	10%
Total	100%

I certify that to the best of my knowledge that this is an after-the-fact determination of my actual activities for this time period.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature <sup>(2)</sup>: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>(1)</sup> Reports must be prepared at least **monthly** for employees working on **multiple cost objectives** and must coincide with one or more pay periods.

<sup>(2)</sup> Supervisory official having first hand knowledge of the activity performed by employee.