APPENDIX Z

**Monthly Personnel Activity Report (PAR)**

Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: from\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_(monthly)

|  |  |  |
| --- | --- | --- |
| **Percent** **of Time** | **Funding Stream** | **Activities** |
| % | Perkins Grant |  |
| % | Reserve Grant |  |
| % | Leadership Grant  |  |
| % | Other |  |
| **100%** | **TOTAL** |  |

This is to certify that I have worked 100% of my time for the period according to the funding stream indicated above.

Signature of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_ (must be signed **after** the period reported in this PAR)