

# PERSONNEL ACTIVITY REPORT (PAR)

Name: \_\_\_\_\_ Emp ID: \_\_\_\_\_ Pay Period: \_\_\_\_\_  
 Position: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
 Location: \_\_\_\_\_ Total Hours Per Week: \_\_\_\_\_

Position 1	Position 2	Position 3	Position 4	Position 5
Title:	Title:	Title:	Title:	Title:
Funding Source:	Funding Source:	Funding Source:	Funding Source:	Funding Source:

Day	Date	Start Time	End Time	Hours / Mins	% of Time	Hours / Mins	% of Time	Hours / Mins	% of Time	Hours / Mins	% of Time	Hours / Mins	% of Time	Total Daily Hours	Paid Leave Used
Monday															
Tuesday															
Wednesday															
Thursday															
Friday															
Monday															
Tuesday															
Wednesday															
Thursday															
Friday															
Total Number of Hours															

Note: The purpose of this form is to assure that grants are managed properly by correctly reporting the percentage of time worked on a grant in order to be in compliance with the Office of Management and Budget (OMB) Circular A-87.

\_\_\_\_\_  
Employee Signature and Date

\_\_\_\_\_  
Supervisor Signature and Date