

Gooding Jt. School District No. 231

FINANCIAL MANAGEMENT

7235PF1

Personnel Activity Report

Employee Name: _____

Employee SSN: *(Optional)* _____

		Percentage of Time Worked by Activity					
Month	Year	Work Activity #1	Work Activity #2	Work Activity #3	Work Activity #4	Work Activity #5	TOTAL % of Time Worked

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

Signature of Employee

Date

Position Title

Job Location/School Name

Signature of Supervisor *(Optional)*

Date

This certification is in support of the Time Reporting requirements consistent with SDE Recommended Tracking: “Where employees work on multiple activities or cost objectives, a distribution of wages will be supported by personnel activity report...”

Legal Reference: Idaho SDE IDEA Part B Funding Manual.

Procedure History:

Promulgated On: 4/9/19

Revised On:

Reviewed On: