POLICY TITLE: Time and Effort: Personnel Activity Report Form

SECTION 800: BUSINESS PROCEDURES

Vallivue School District 139

Personnel Activity Report (PAR)

PURPOSE OF THIS FORM: This form is used to document the Time Reporting requirements of the Education Department General Administrative Guidance (EDGAR), set forth in 2 CFR Part 200 et seq. Employees who work on multiple activities funded from different sources have personnel activity records that support the distribution of their salaries / wages. A log must be attached to each monthly PAR documenting the time reported. The same time log should be used to document all of the employee’s work activities.

DIRECTIONS FOR COMPLETION:

Personnel Activity Report (PAR) (Must be completed at least monthly and coincide with pay period, e.g., if the pay period is every two weeks, the form must be completed and submitted every two weeks)

- Give full name of employee
- Social Security or Identifying Number—optional
- Month/year—must be completed each month after-the-fact
- Work Activity—list any program from which the employee’s salary is funded (General Purpose, CTE, IDEA Part B, Title I, etc.) Then give the percentage of time the employee works in each program
- Add each percentage of time across the column to determine total percentage of time worked—this must agree with employee personnel and budget records.
- Employee must sign each month
- Date PAR was completed and signed by employee
- Give position/title of employee (SE Supervisor, Teacher, Educational Assistant, Nurse, etc.)
- Signature of Supervisor and date is optional and may be deleted
- Provide the location of where the employee is assigned to work (name of school, central office, etc.)
- Attach supporting time log to PAR form.

FORM: 877F2

POLICY NO: 877

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Vallivue School District 139

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### Vallivue School District #139 Personnel Activity Report (PAR)

<table>
<thead>
<tr>
<th>Cost Objective (Program Activity/Position)</th>
<th>Distribution of Time (percentage)</th>
</tr>
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<tbody>
<tr>
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#### Fund Code-Program Function Code

<table>
<thead>
<tr>
<th>Date</th>
<th>Time Off/Leave</th>
<th>Description of Activities</th>
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</table>

**Employee Signature and Date**

**Supervisor Signature and Date**

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**TOTAL** 0.00 0.00 0.00 0.00 0.00 0.00

I certify that this report reflects the actual and total activity worked on the programs or cost objectives indicated above for the reporting period indicated.

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**Current Personnel Activity Reports (PAR) Requirements**

For employees who work on multiple cost objectives (more than one Federal award or a Federal award and a non-Federal award):

a. Must complete a personnel activity report (PAR) (i.e. timecard, Outlook calendar, Journal)
b. PAR must be completed after the work had been performed
c. The PAR must account for the total activity (not just one Federal cost objective)
d. PAR must be signed by the employee
e. PAR must be completed at least monthly and coincide with one or more pay periods

This certification is in support of the Time Report requirements of EDGAR, 2 CFR Part 200.