

# Time & Effort: PAR Certification Summary Form

Activity Report for Employees Coded to a Federal Grant

Employee Name:	
Employee Title:	
School Name:	

## **Certification Period:**

	to	
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Type of Schedule:	
Other:	

Name of Program/Cost Objective	Distribution of Time (%)
TOTAL:	100%

(Include all funding sources if applicable- must equal 100%)

I certify that I performed work consistent with the attached schedule and as distributed in the above percentages during the Certification Period.

Employee Signature:	Date:

I certify that I have firsthand knowledge that the above employee performed work consistent with the attached schedule and as distributed in the above percentages during the Certification Period.

Supervisory Signature:	Date:

**Note:** Monthly/Pay period PARs must be included with this form to show support for the percentages certified. This form must be filled out **AFTER** the work has been completed.