

Time & Effort: PAR Certification Form
for an Employee without a Fixed Schedule
Must be completed monthly or per pay period.

Month/Year	Funding Source & %	Funding Source & %	Other funding sources	General Funds %	Total	
1						Employee Name:
2						
3						
4						
5						
6						Position/Title
7						
8						
9						
10						
11						Employee Signature
12						
13						
14						
15						
16						Date:
17						
18						
19						
20						
21						Supervisor Signature
22						
23						
24						
25						
26						Date:
27						
28						
29						
30						
31						
Total						