

**** New Shoreham School Department Personnel Activity Report ****

EMPLOYEE NAME	JOB TITLE	FOR THE PAY PERIOD ENDING	FISCAL YEAR <u>2016</u>
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COST OBJECTIVES		ANTICIPATED EFFORT		ACTUAL EFFORT HOURS WORKED		ACTUAL EFFORT TOTAL	
Fund Number	Program	Hours	Percent	Week 1	Week 2	Hours	Percent
IDEA Part B							
IDEA Preschool							

WEEKLY TIME TOTALS			
Worked:			
Holiday Leave:			
Leave Other Than Holiday:			
TOTAL HOURS:	0.0	0.0	

Comments:

I hereby certify this report is an after-the-fact determination of the total activity and actual effort expended for the period indicated, and I have full knowledge of 100% of these activities.

Employee's Signature

Date

Please return signed and dated form to:
Melanie Reeves, Finance Office