FINANCIAL MANAGEMENT **7235F2**

Personnel Activity Report

LEA Name: _____ For the Month of: _____

Employee: _____ Year: _____

Position: _____

Supervisor: _____

Cost Objective or Program Activity	Grant – Fund Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total	%
Leave Time																			
TOTAL																			

I certify that the hours reported above are a true representation of work performed.

Employee signature: _____ Date: _____

Immediate Supervisor signature: _____ Date: _____