**­­­Bruneau-Grand View Joint School District #365**

**FINANCIAL MANAGEMENT 7235PF1**

**Personnel Activity Report**

 Employee Name:

 Employee SSN: *(Optional)*

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Percentage of Time Worked by Activity |  |
| Month | Year | Work Activity#1 | Work Activity#2 | Work Activity#3 | Work Activity#4 | Work Activity#5 | TOTAL% of Time Worked |
|  |  |  |  |  |  |  |  |

The signature(s) below certifies this employee performed activities reflected in the attached log as distributed in the above percentages during the month specified.

Signature of Employee Date

Position Title

Job Location/School Name

Signature of Supervisor *(Optional)* Date

**This certification is in support of the Time Reporting requirements consistent with SDE Recommended Tracking: “Where employees work on multiple activities or cost objectives, a distribution of wages will be supported by personnel activity report…”**

Legal Reference: Idaho SDE IDEA Part B Funding Manual.

Procedure History:

Promulgated on:

Revised on:

Reviewed on: