State of MI Funded Time and Effort Report (Personnel Activity Report-PAR)

|  |  |  |
| --- | --- | --- |
| Name of Employee | Beginning Date  Ending Date | School Year |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Actual Effort: Percentage of Time Worked | | | | | | | | | |
| Activity/Program Anticipated Percent | Week 1 | | Week 2 | | Week 3 | | Week 4 | | Total  Hours | Percent of Each Activity |
| Time | Percent | Time | Percent | Time | Percent | Time | Percent |
| At-Risk |  |  |  |  |  |  |  |  |  |  |
| General Educ. |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Total |  | 100% |  | 100% |  | 100% |  | 100% |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Hours | Week 1 Hours | Week 2 Hours | Week 3 Hours | Week 4 Hours | Total |
| Worked Hours |  |  |  |  |  |
| Holiday Leave Hours |  |  |  |  |  |
| Non-Holiday Leave Hours |  |  |  |  |  |
| TOTAL |  |  |  |  |  |

I hereby certify that the information contained in this State of Michigan Time and Effort Report accurately reflects 100% of my actual time and effort distribution for the pay periods reported.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_