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 | TotalHours | 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_