

Personnel Activity Report (PAR)

Employee Name: _____
Print Name Here
Signature Here
Date

For the Month of: _____
(Month)
(Year)

PAR (Use "Whole" Hours only)

Day	Date	Vac / Sick Holiday	Employee's Department	Charter Schools	Prof Level							Total Hours	Description of Duties performed - Charter Schools	
Mon	8-Jul											0		
Tue	9-Jul											0		
Wen	10-Jul											0		
Thurs.	11-Jul											0		
Fri	12-Jul											0		
Sat	13-Jul											0		
Sun	14-Jul											0		
Mon	15-Jul											0		
Tue	16-Jul											0		
Wen	17-Jul											0		
Thurs.	18-Jul											0		
Fri	19-Jul											0		
Sat	20-Jul											0		
Sun	21-Jul											0		
											0	0	TOTALS	0

NOTE: Vacation/sick hours are not included in the "total" hours. Percentage Split

Supervisor's Signature of Verification: _____ Date _____

Various #DIV/0! DR CR
 Various #DIV/0! #DIV/0! #DIV/0!

Complete Expense Reclassification of salary in APECS.