Personnel Activity Report (PAR)

Name of Organization:	
Employee's Name:	
Pay Period:	

Day	21st CCLC Hours	Non - 21st CCLC Hours	Total Hours
Week 1 (/ / to / /)			
Monday			0
Tuesday			0
Wednesday			0
Thursday			0
Friday			0
Week 1 Total:	0	0	0
Week 2 (/ / to / /)			
Monday			0
Tuesday			0
Wednesday			0
Thursday			0
Friday			0
Week 2 Total:	0	0	0
Pay Period Total:	0	0	0

I certify that this report represents a true recording of effort expended for the period indicated and that I have full knowledge of those activities.

Employee's Signature:		Date:	Date:	
Salary Charging:	21st CCLC	Non- 21st CCLC	Total	
Hours Worked	C	0 0	0	
Percent of Total*	#DIV/0!	#DIV/0!	#DIV/0!	
Bi-Weekly Salary				
Amount Charged	#DIV/0!	#DIV/0!	#DIV/0!	
* Hours worked by activity divided	by total bours			

Hours worked by activity divided by total nours

Form Date: July 2010

Georgia Department of Education Brad Bryant, State Superintendent of Schools