

**FEDERAL EMPLOYEE PERSONNEL ACTIVITY REPORT**  
**Perkins V - Orleans Parish Consortium 2021-2022**

School: \_\_\_\_\_ Charter Management Organization: \_\_\_\_\_

Payroll Period Dates: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Position: \_\_\_\_\_

I am required to complete this report on a **monthly** basis. (see instructions below)

(Please list your specific job title. This is needed for job identification purposes for federal program monitors.)

Description of Work/Program Activity (100% of your work activities must be documented below.)	Actual Hours	% of Total Actual Hours
Federal Grant Activities: (List each Federal Program you worked under during the period above)		
Perkins V -	X hours	X %
<b>Other Non-Federal Program Activities:</b> List each (such as coaching, extra-or co-curricular sponsor, school testing administration, work performed under a state grant, leave and other activities not related to a federal program goal or purpose).		
	X hours	X %
<b>TOTAL EFFORT (Must equal 100%)</b>	<b>Total Hours</b>	<b>100%</b>

**Certification of Employee:**

I certify the above distribution of my effort represents a reasonable estimate of all work performed by me during the period covered by this report. This report is an after-the-fact determination of the total activity and actual effort expended for the period indicated, and I have full knowledge of 100% of these activities.

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

\_\_\_\_\_  
Date:

**Certification by Employee's Immediate Supervisor:**

I certify that I have first-hand knowledge of all the work performed by this employee and the distribution of effort represents a reasonable estimate of work performed by this employee during the period covered by this report.

\_\_\_\_\_  
Supervisor or Director Signature

\_\_\_\_\_  
Date:

**Instructions:** Employees paid by Federal grant funds must certify the percentage of actual time spent working for Federal program based on the job duties they were hired to perform under the Federal program. ALL job activities must be reported above to account for 100% of the employee's work time during the payroll period. Certification forms must be completed throughout the year to cover the employee's full contracted period of work. Submit to the Program Supervisor/Director after completion. **Certification forms must be completed within 10 days after the payroll period ending date noted above.**