North Gem School District No. 149

FINANCIAL MANAGEMENT 7235F2

Personnel Activity Report

LEA Name:	For the Month of:
Employee:	Year:
Position:	
Supervisor:	

Cost Objective or Program Activity	Grant – Fund Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total	%
																			1
Leave Time	<u>;</u>																		
TOTAL																			

Cost Objective or Program Activity	Grant – Fund Code	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total	%
Leave Time	<u> </u>																	
TOTAL																		

I certify that the hours reported above are a true representation of work performed.	
Employee signature:	Date:
Immediate Supervisor signature:	Date: