

East Range Academy of Tech-Science  
**PERSONNEL ACTIVITY REPORT--COMPLETE MONTHLY**

To be compliant with guidelines from the Minnesota Department of Education this form needs to be filled out by you for reporting purposes and retained in the school office. This form is used by employees paid with a portion of Food Service, Special Education or Title state/local dollars and at least one other funding source and who are required to report Time Distribution Record Keeping certification. Reporting of time and effort is required if the work involved is split funded between federal and local funds.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Circle one per reporting period;

August	September	October
November	December	January
February	March	April
May	June	July

Percent of Time:	Activities:

I certify that I have performed the above duties as described.

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

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

I certify that to the best of my knowledge the above named employee has performed the above duties as described.

Signature of Supervisor/Administrator: \_\_\_\_\_

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