

West Bonner County School District

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	%
Leave Time																			
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																		
TOTAL																		

I certify that the hours reported above are a true representation of work performed.

Employee signature: _____

Date: _____

Immediate Supervisor signature: _____

Date: _____

Procedure History:

Promulgated on: October 1, 2019

Revised on:

Reviewed on: