

PERSONNEL ACTIVITY REPORT (PAR)

In accordance with Federal requirements, completion of PAR is necessary for multi-funded position.

Instructions For Completing This Form (Use Blue Ink Only):

1. Complete all pertinent information in box number #1
2. Indicate the hours you worked for each of the program(s) shown in number #2.
3. Total the hours worked per day and show in line number #3
4. Mark the days with the letters "N" for days not worked
5. Sign and date the log and submit to supervisor or site administrator.
6. Administrator signs & dates form and submits form to CN department by **first working day of every month**.

Employee's Signature Date

Administrator's Signature Date

(Use Blue Ink Only)

#1	Employee Name: _____
	Job Title: _____ Custodian
	Hours Per Day: _____ 8
	Month: _____

	Day of Month																															ACTUAL HOURS	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	per PROG	%
#2	Child Nutrition Activity																																
	Kitchen Cleaning																															0	0%
	MPR Lunch Duties																															0	0%
	MPR Breakfast Duties																															0	0%
	OTHER Activities (enter below)																																
#3	TOTAL HOURS																															0	0%

Comment: _____

Signature: Director, Child Nutrition (or designee)