

PAR EXAMPLE

a b c d e

 * PLEASE RETURN THIS DOCUMENT TO THE *
 * DEPT BUSINESS OFFICE BY: 1/30/04 *

PERSONNEL ACTIVITY REPORT

FILE CODE: A 12 3000 012 - 1

f

g

NAME : DOE JOHN H

h

SSN: 123-45-6789

i

112233

j

REPORTING PERIOD..... JUL-DEC 2003

k

SEMI ANNUAL

l

PERSONAL ACTIVITY PERIOD: 07/03 - 12/03

ACTIVITY PRINCIPAL INVESTIGATOR PURPOSE/TITLE	AGENCY NUMBER	PROJ BRKDWN	% OF EFFORT	EFFORT BY CATGRY	ACCOUNT NUMBER
---	---------------	----------------	----------------	------------------------	----------------

m

INSTRUCTION

n

MEDICAL SCHOOL - INSTRUCTION

15

r

12 3000 11 13 00200

MEDICAL SCHOOL - INSTRUCTION

s

10

t

25

12 3000 11 13 02001

DEPARTMENTAL RESEARCH

MEDICAL SCHOOL - INSTRUCTION & RESEARCH

20

12 3000 11 14 91234

20

PATIENT CARE

ANESTHESIOLOGY CLINICAL PRACTICE

15

12 3000 11 15

15

ORGANIZED RESEARCH

o

DR. TOELKE
DIABETES STUDIES

q

5P50HG0020000

u

15

22 3000 11 20 50000

DR. TOELKE
DIABETES STUDIES

5P50HG0020000

v

5

20

22 3000 11 20 50000V

DR. TOELKE
DIABETES STUDIES

5P50HG0023456

10

22 3000 11 20 51111

DEPT ADMINISTRATION

MEDICAL SCHOOL ADMINISTRATION

10

12 3000 11 40

10

w

100

x

 * THIS IS A LEGAL DOCUMENT. THIS CERTIFICATION IS REQUIRED BY FEDERAL REGULATIONS AND IS SUBJECT TO *
 * INDEPENDENT AUDIT AND REVIEW. YOUR SIGNATURE INDICATES THAT YOU UNDERSTAND THE BASIS FOR THE *
 * CERTIFICATION AS EXPLAINED IN THE INSTRUCTIONS. IF YOU DO NOT HAVE THE INSTRUCTIONS, PLEASE CONTACT *
 * YOUR DEPARTMENTAL ADMINISTRATOR OR THE SPONSORED PROJECTS OFFICE AT 935-7939 TO OBTAIN A COPY. THE *
 * EFFORT REPORTED ON THIS FORM IS THE BASIS FOR CHARGES TO FEDERAL AWARDS. *

y

THE SUPERVISOR/ADMINISTRATOR CERTIFIES THAT
 HE/SHE HAS FIRST-HAND KNOWLEDGE OF 100% OF
 THE COMPENSATED EFFORT OF THE INDIVIDUAL FOR
 WHOM HE/SHE IS CERTIFYING.

z

I CONFIRM THE ABOVE ACTIVITY DISTRIBUTION
 REPRESENTS A REASONABLE ESTIMATE OF THE
 COMPENSATED EFFORT EXPENDED BY ME DURING
 THE PERIOD STATED.

SIGNATURE

DATE

SIGNATURE

DATE

PERSONNEL ACTIVITY REPORT LEGEND

- a. Personnel Type - "A" academic, "N" nonacademic
- b. Report Month - Numeric
- c. Department Number
- d. Report Number - numeric sequence number within report set identified A thru C above.
- e. Page Counter - indicates number of pages for an individual within a report set.
- f. Report Due Date - date that PAR should be returned to department business office. The date is 15 days from the date mailed by Sponsored Projects Accounting.
- g. Employee Name - last name, first name
- h. Employee Social Security Number
- i. Employee ID
- j. Reporting period - months covered by the report. Example: Jul - Dec 20XX.
- k. Report Distribution - semiannual, semester, or quarterly
- l. Personal Activity Period - months selected for an individual with reportable pay
- m. Type of effort
- n. Account Title - title of the account as it appears in the profile. This is displayed for Ledger Class 12 accounts.
- o. Principal Investigator - appears on sponsored funds. When a principal investigator does not exist, purpose or title appear in this location.
- p. Purpose & Title - appears on restricted accounts. When a principal investigator, and agency number do not exist, purpose or title appear in the line above.
- q. Agency number - appears on grant accounts.
- r. Account Number(s) within effort category.
- s. Summary effort percent by project or account number.
- t. Total effort for category.
- u. Percent of salary, by account, when there is more than one account shown for a sponsored fund.
- v. Percent of salary for cost sharing fund.
- w. Total effort percent for individual.
- x. Certification explanation.
- y. Supervisor/administrator signature and date line - signature and a brief explanation required if individual is unavailable to sign. Not required if employee signs.
- z. Employee signature and date line.