

PERSONNEL ACTIVITY REPORT

FILE CODE: N 03 3146 003 - 1

f * PLEASE RETURN THIS DOCUMENT TO THE *
* DEPT BUSINESS OFFICE BY: 5/24/05 *

g NAME : DOE JANE
h SSN: 123-45-6789

i 112233

j REPORTING PERIOD. JAN-MAR 2005
i PERSONAL ACTIVITY PERIOD: 01/05 - 03/05

k QUARTERLY

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

Table with 7 columns: ACTIVITY, PRINCIPAL INVESTIGATOR, AGENCY NUMBER, PROJ BRKDOWN, % OF EFFORT, EFFORT BY CATGRY, ACCOUNT NUMBER. Rows include DEPARTMENTAL RESEARCH (DR. SMITH LAB - START-UP) and ORGANIZED RESEARCH (DR. SMITH, A REALLY BIG GRANT FROM THE NIH).

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.
- k. Report Distribution - semiannual, semester, or quarterly
- l. Personal Activity Period - months selected for an individual with reportable pay
- m. Effort Category
- 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 (as applicable).
- s. Summary effort percent by project or account number.
- t. Total effort for category.
- u. Percent of salary, by account, when more than one account shown for a sponsored fund (as applicable).
- v. Percent of salary for cost sharing fund (as applicable).
- 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.