

Time and Activity Report for NCLB Staff
Monthly Activity Report*
SCHOOL YEAR

Employee: _____ **Month:** _____ (Due Date: Last day of each month)

Position: _____ **Location:** _____

Monday	Tuesday	Wednesday	Thursday	Friday

Program or Cost Objective	Distribution of Time (Completed by Accounting)
Title I, Part A	
Title II A	
Title III	
State or Local	
TOTAL	

I certify that I performed work consistent with the attached schedule and as distributed in the above percentages during the reporting period.

Employee Signature

Date

I certify that I have firsthand knowledge that the above employee performed work consistent with the attached schedule and as distributed in the above percentages during the reporting period.

Supervisor Signature

Date

*If an employee works solely on multiple activities or cost objectives, a distribution of salary and wages must be supported by activity report at least monthly.
GM: July 16, 2015