

PERSONNEL ACTIVITY REPORT FOR PERKINS FUNDED POSITIONS

Employee Name: _____
 Pay Period Beginning: _____

Department: _____
 Pay Period Ending: _____

Date	Regular Hours Worked	Perkins Hours Worked
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Date	Regular Hours Worked	Perkins Hours Worked
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		



SUMMARY

Regular Hours Worked: _____

Perkins Hours Worked: _____

My signature certifies that the above recorded hours are correct.

 Employee

 Supervisor

Date

Date