

NAME:

Period Covered:

Personal Activity Report (PAR)

Total Daily Hours and Activities				Brief Description of Work Done
CDOT Program				
Date	Activity	Hours	Program Daily Total	
	Phone & Email		0.00	
1/0/00	Meeting			
1/0/00	Event/Fair			
1/0/00	CDOT Reporting			
1/0/00	Claim			
1/0/00	Communication & Outreach			
1/0/00	Leave/Sick			
	Phone & Email		0.00	
1/0/00	Meeting			
1/0/00	Event/Fair			
1/0/00	CDOT Reporting			
1/0/00	Claim			
1/0/00	Communication & Outreach			
1/0/00	Leave/Sick			
	Phone & Email		0.00	
1/0/00	Meeting			
1/0/00	Event/Fair			
1/0/00	CDOT Reporting			
1/0/00	Claim			
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1/0/00	Leave/Sick			
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1/0/00	Claim			
1/0/00	Communication & Outreach			
1/0/00	Leave/Sick			
Program Activity Total			0.00	

My Signature attests to the accuracy of the activity listed above. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal, civil or administrative false statements, false claims or otherwise. (US Code Title 18, Section 1001 and Title 31 Sections 3729-3730 and 3801-3812)

Employee Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

*Enter all the fields in **white***

- 1 - Enter the Employee Name.
2. Enter the month covered. It is important that the month listed matches the dates entered in Column A.
3. Enter description for designation of work that is being done.
4. The sheet will total the hours and will sum the entire month's hours to balance to pay stub for employees.
5. Employee must sign and date - supervisor must sign as well. This is a legal document of time worked on Federal

ally funded activities. The signatures are REQUIRED and MUST be the employees.