

**Littleton Elementary School District #65
FEDERAL FUNDING COMPLIANCE**

Daily PA Log - Support Staff

Bi-Weekly Time Personnel Activity Log for Support Split-Funded Personnel

Instructions: Anytime an employee is paid using federal funds, a Time Personnel Activity Log is required to ensure the budgeted time and effort is equivalent to the actual time and effort worked on the program.

Employee Name:
Position/Title:

Site:
Pay Period beginning on Sat.:

| Day | Date | Fund # | | Fund # | | Fund # | | Fund/Program | | TOTALS |
|------------------------------|------|----------------|------------|----------------|------------|----------------|------------|----------------|------------|----------------|
| | | # Hrs. | Activities | |
| Saturday | | | | | | | | | | 0.00 |
| Sunday | | | | | | | | | | 0.00 |
| Monday | | | | | | | | | | 0.00 |
| Tuesday | | | | | | | | | | 0.00 |
| Wednesday | | | | | | | | | | 0.00 |
| Thursday | | | | | | | | | | 0.00 |
| Friday | | | | | | | | | | 0.00 |
| Saturday | | | | | | | | | | 0.00 |
| Sunday | | | | | | | | | | 0.00 |
| Monday | | | | | | | | | | 0.00 |
| Tuesday | | | | | | | | | | 0.00 |
| Wednesday | | | | | | | | | | 0.00 |
| Thursday | | | | | | | | | | 0.00 |
| Friday | | | | | | | | | | 0.00 |
| Total Hrs. | | 0.0 | | 0.00 | | 0.0 | | 0.00 | | 0.00 |
| Budgeted Percentage = | | 50.00% | | 25.00% | | 25.00% | | | | 100.0% |
| Actual Percentage* | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! |

- | | | |
|--|--|---|
| a. Assisting students Instructionally in the classroom | g. Clerical support - Program | m. Testing students/Child Find |
| b. Assisting students with health needs in the classroom | h. Language services | n. Training parents/community members |
| c. Assisting students in bus or bus stop | i. Parent contact | o. Tutoring/intervention |
| d. Attending PD | j. Parent Conferences/Meetings/IEP Needs | p. Holiday/Annual Leave/Vacation/Non-Contracted |
| e. Assisting with program compliance | k. Planning/Conducting parent events | |
| f. Clerical support - Instructional | l. Reports | q. Other: <input type="text"/> |

I certify with my signature that the information submitted is accurate.

Signature of Employee: _____ Date: _____

Signature of Supervisor _____ Date: _____

**Budgeted percentage and Actual percentage must be equal. Timesheets (when*

Signature of Grant Administrator _____ Date: _____