



**MOUNTAIN HOME SCHOOL DISTRICT 193**

470 North 3<sup>rd</sup> East P.O. Box 1390 Mountain Home, Idaho 83647-1390

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**TIME AND EFFORT REPORTING REQUIREMENTS PROCEDURE 3: PERSONNEL ACTIVITY  
REPORT FORM 2 (PAR)**

Employee Name: \_\_\_\_\_

Employee SSN or Employee Number: (Optional) \_\_\_\_\_

		Percentage of Time Worked by Activity					
Month	Year	Work Activity #1	Work Activity #2	Work Activity #3	Work Activity #4	Work Activity #5	TOTAL % of Time Worked

The signature(s) below certifies this employee performed activities reflected in the attached log as distributed in the above percentages during the month specified.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Job Location / School Name

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

**This certification is in support of the Time Reporting requirements of EDGAR, 2 CFR Part 200.**

*Adapted from the State of Tennessee, State Department of Education, ED-5440*