

UNIVERSITY OF NEBRASKA
PERSONNEL ACTIVITY REPORT

NAME: Example,John

EMPLOYEE NO: 999999

WORK PERIOD FROM:

5/1/2010 TO 5/31/2010

DEPARTMENT: Biology
5000123

POSITION: Asst Profess

RESPONSIBLE PERSON:

DOE; JANE

ACTIVITY	% OF EFFORT	WORK PERIOD	GRANTS AND CONTRACTS OFFICE USE ONLY				
			COST OBJECT	DESCRIPTION	ACCOUNT	SALARY	BENEFITS
1. Instruction	20%	05/01/2010-05/31/2010	1234567890	Biology	123456	4,555.67	1,244.21
4612341234100			Grant/Award Funds	123456	1,111.27	240.12	
			Grant/Award Funds	123456	2,311.82	497.34	
2. Research	34%		If you ever have question on how your PAR(s) should be certified, please don't hesitate to call.				
4512341234100							
3. Public Service							
4. Other Sponsored Activities							
5. Agricultural Experiment Station							
6 Cooperation Extension Service							
7. Patient Care Services							
8. Administration							
9. Other Institutional Activities	80%						

If you ever have question on how your PAR(s) should be certified, please don't hesitate to call.

When an effort amount is manually corrected, a detailed explanation must be entered in the remarks field, and a PAF submitted to HR when applicable.

This Column must total 100%. If the pre-printed percentages do not add to 100%, you must manually enter the remaining effort in the appropriate category.

PARs must be signed by someone with direct knowledge of the individuals effort for the reported timeframe.

100% TOTAL EFFORT

Remarks:
Payment from WBS 45-1234-1234-100 was in error, PAF has been submitted.

*Cost Share/Match

I certify that I have direct knowledge of all the effort of this employee for the indicated work period. I certify further that to the best of my knowledge the effort reasonably reflects the actual effort expended.

Printed Name Jane Doe Signature Jane Doe

Date: 6/15/2010

Only individuals having direct knowledge of all an employee's effort may certify effort.