

# Sugar-Salem Joint School District #322

## Certification of Time and Effort 2020-21 School Year

Form #      **adopted:**  
7235F1      5/12/2021

Personal Activity Report  
Type of Certification: Semi-Annual

Updated:  
3/30/2021

Contract Type:

**CERTIFICATED**

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

	Cost Objective:	Grant Program:	Fund Code:	Job Code:	Funding Amount:	Funding Format:
Area 1:						
Area 2:						
Area 3:						
Area 4:						

<b>Semi-Annual Part 1</b>			Percentage of Time				VERIFICATION SIGNATURE  <i>I hearby certify this report is an accurate representation of the total activity during the period indicated.</i>  Employee Signature & Date: _____  Supervisor Signature & Date: _____
	Month:	# Contractual Days	Area 1	Area 2	Area 3	Area 4	
	July	0	0	0	0	0	
	Aug.	11					
	Sept.	18					
	Oct.	15					
	Nov.	18					
	Dec.	16					

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<b>Semi-Annual Part 2</b>			Percentage of Time				VERIFICATION SIGNATURE  <i>I hearby certify this report is an accurate representation of the total activity during the period indicated.</i>  Employee Signature & Date: _____  Supervisor Signature & Date: _____
	Month:	# Contractual Days	Area 1	Area 2	Area 3	Area 4	
	Jan.	19					
	Feb.	19					
	Mar.	23					
	Apr.	17					
	May	20					
	June	4					

