FEDERALLY FUNDED PERSONNEL DAILY ACTIVITY REPORT*

Dundee Community Schools

NAME OF EMPLOYEE	FISCAL YEAR	MONTH

		WEEK OF: (nearest hour)						WEEK OF: (nearest hour)							
Cost Objective (Example: Job Title)	Funding Source (Federal, State, Other)	MON	TUE	WED	THUR	FRI		MON	TUE	WED	THUR	FRI		TOTAL HOURS	PERCENT OF EACH ACTIVITY
														0	
														0	
														0	
														0	
														0	
														0	
														0	
														0	
HOLIDAYS														0	SUBTOTAL
PAID LEAVE														0	
NONPAID LEAVE														0	
TOTAL		0	0	0	0	0		0	0	0	0	0		0	

I certify the time distribution specified above is accurate

Signature of Employee

Date

Signature of Supervisor

Date

*This must be completed at least monthly and must coincide with one or more pay periods by employees who work on multiple activities or cost oabjectives such as:
(a) More than one Federal award
(b) A Federal award and non-Federal award,
(c) An indirect cost activity and a direct cost activity,
(d) Two or more indirect activities which are allocated using different allocation bases, or
(e) An unallowable activity and a direct or indirect cost activity.