

**ST. PETERSBURG COLLEGE
MONTHLY PERSONNEL ACTIVITY REPORT**

		July 2018
Grant Title	Cost Center	Month/Year
		0.00
Name of Individual Reporting	Employee ID#	Total hours charged to grant

All full-time or part-time SPC employees whose salary is funded in whole with grant funds, or whose salary is used to meet a match or leveraged funds must complete this report on a monthly basis. The report must be signed after-the-fact by the individual reporting and an immediate supervisor with firsthand knowledge of the employee's work.

	Saturday/Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
	1	2	3	4	5	6	
Total hrs							0.00
Description							
	7/8	9	10	11	12	13	
Total hrs							0.00
Description							
	14/15	16	17	18	19	20	
Total hrs							0.00
Description							
	21/22	23	24	25	26	27	
Total hrs							0.00
Description							
	28/29	30	31				
Total hrs							0.00
Description							

I certify that the above activities represent a reasonable estimate of all work performed during this time period.

Instructions for completion of report:

1. Calculate total hours spent on grant for that day
2. One sentence summary of activity
3. Immediate supervisor must have firsthand knowledge of work performed by the above employee.

Print Name	Signature of Individual Reporting	Date
Print Name	Signature of Immediate Supervisor	Date
Print Name	Signature of Grant Budget Supervisor	Date