

_____ **Personnel Activity Report / Time Certification**
(School Name)

Split-Funded Position

An employee whose salary is split funded between two cost objectives (Title I and operating) must sign this form at the end of each month. Each employee should have his/her own form.

This is to certify that I, _____ (print name), have worked _____% (pro-rated Title I portion of salary) in a Title I appropriate position as a _____ (position) under the Title I cost objective.

Month	Signature	Date
September	_____	_____
October	_____	_____
November	_____	_____
December	_____	_____
January	_____	_____
February	_____	_____
March	_____	_____
April	_____	_____
May	_____	_____
June	_____	_____

I have full knowledge of these activities.

Principal _____ (Print Name)

_____ (Signature)

Date _____