

## Attachment 2: Personnel Activity Report

Name of College/University

I, \_\_\_\_\_ certify that I worked on the following cost objectives during the month of \_\_\_\_\_.

Name of Cost Objectives	Percent of Time Worked
1. Cost Objective <sup>1</sup>	
2. Cost Objective	
3. Cost Objective	
4. Cost Objective	
Total Time Worked	100 %

---

(Employee Signature)

(Date)<sup>2</sup>

---

(Name Direct Supervisor)

(Signature)

(Date)

---

<sup>1</sup> All cost objectives must be included. Non-federal cost objectives may be included as a single “non-federal activities” cost objective.

<sup>2</sup> This must be signed and dated after the end date of the certification period.