



# PERSONNEL ACTIVITY REPORT

Early Head Start/ Admin

Employee										Pay Period			to			
Position										Number						
Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
Program / Activity																
Regular Hours																
1001 Head Start																
1051 Early Head Start																
<b>Total</b>																
Overtime Hours																
1001 Head Start																
1051 Early Head Start																
<b>Total Hours Worked</b>																
<b>Administrative</b>																
<b>Total Hours Worked</b>																
Sick																
Vacation																
Holiday																
Other Paid Hours																
LWOP																
<b>TOTAL HOURS</b>																
<b>Comments:</b>																
I certify that this information is correct:																
Employee Signature:					Supervisor Signature:					Checked by:						

## INSTRUCTIONS TO COMPLETE THIS FORM

1. Use blue or black ink to complete this form. **Do not use pencil or red ink.**
2. PRINT your employee number, name, position title, and pay period.
  - b. Position Title is the position for which you are requesting wages.
  - c. Department/Program is the program for which you work, for example, Head Start, Early Head Start, Administration, or Solano Prop 10.
3. Record the time your are requesting to be paid in the appropriate column(s).
  - a. Cross out the row of month dates not reported, that is, either 1-15, or 16-31.
  - b. Exempt employees report Worked Time in days.
  - c. Non-exempt employees report Worked Time in hours and minutes to the nearest ¼ hour..
  - d. Only non-exempt employees may claim overtime (over 8 hours in a day or over 40 hours per week).
4. Total each column at bottom of page.
5. Please ensure all entries/marks are legible.
6. Submit the completed Payroll Activity Report to your supervisor.
7. Supervisors are responsible for correcting any errors. Supervisors should cross out, correct and initial any changes, ensuring correction of columnar totals. **NOTE: Any changes made by the supervisor must be communicated to the employee.**
8. Errors **discovered** by the Fiscal Department will be corrected with a copy of the change being forwarded to the employee.

**Pay periods are from the 1<sup>st</sup> through the 15<sup>th</sup>, and the 16<sup>th</sup> through the end of each month.**

**Paydays are the 15<sup>th</sup> and the End of each month.**