



PERSONAL ACTIVITY REPORT

Pay Period Start Date: _____ Pay Period Ending: _____

Employee Name: _____ Employee ID No.: _____

[illegible]

I certify this report accurately documents my total activity for the reporting period.

Employee Signature: _____ Date: _____

I certify the time allocated and reasonableness of the work performed.

Responsible Official: _____

Responsible Official's Signature: _____ Date: _____

NOTE: Timekeepers, please log any changes made after the UOG Payroll Timesheets have been submitted and have the Responsible Official initial. Indicate reason for change below (or if warranted attach a memo).

Responsible Official: _____ Timekeeper: _____