

**MOREHOUSE PARISH
PERSONNEL ACTIVITY REPORT
Semi-Annual Employee Certification**

Employee Name: _____ Employee ID No. _____

Semi-Annual Period: _____ Fiscal Year: _____

Job Title: _____

Program or Cost Objective: _____

I hereby certify that for the period _____ through _____, I spent 100% of my time on the above referenced program. This report is an after-the-fact determination of the total activity and actual effort expended for the period indicated and I have full knowledge of 100% of these activities.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____