

**REVISED PERSONNEL ACTIVITY REPORT (PAR)**

**(After-the-fact Effort Certification is necessary for direct labor charges to contract/grant accounts and Federal Appropriations accounts. This is required by Federal regulations contained in OMB Circular A-21.)**

**NOTE:** This form should be completed and attached to the SALARY/WAGE TRANSFER REQUEST if a contract/grant account, including cost share accounts, or a Federal Appropriations account is listed as the "TO" account.

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Employee ID: \_\_\_\_\_ Employee Name: \_\_\_\_\_

Account Receiving the Transferred Salaries/Wages:

Account No.: \_\_\_\_\_ Account Name: \_\_\_\_\_

| <u>Pay Period</u><br><u>End Date</u> | <u>If Monthly Employee</u><br><u>% of Monthly Salary</u> | <u>If Monthly Employee</u><br><u>% of Actual Effort</u> | <u>If Biweekly Wages</u><br><u>Number of Hours</u> |
|--------------------------------------|--|---|--|
|--------------------------------------|--|---|--|

"I certify that I have **first-hand knowledge** of the above named individual, and the above percentages/hours reflect a reasonable estimate of work performed on the referenced project during the stated period(s)."

\_\_\_\_\_  
Project Director **or** Department Head

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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**(Signature authority cannot be delegated for this form because first-hand knowledge of effort is required. The Project Director should sign; or, the Department Head may sign if he/she has first-hand knowledge of the effort of the employee.)**