

PAR501DC-CC

UNIVERSITY OF CALIFORNIA
PERSONNEL ACTIVITY REPORT

CAMPUS
LOS ANGELES
PAR NO.
(N/A-Blank Form)

EMPLOYEE NAME:

EMPLOYEE NUMBER:

TITLE:

REPORT PERIOD:

DEPT CODE:

SALARY SUBJECT TO CAP?: YES NO

DEPARTMENT:

PAYROLL DISTRIBUTION BY ACCOUNT/CC
AND FUND NUMBER(S) FOR REPORT PERIOD

PERCENT
OF SALARY

EFFORT DISTRIBUTION
PERCENT

SPONSORED PROJECTS

ALL OTHER INSTITUTIONAL ACTIVITIES

Total

100

100

CONFIRMATION BY: _____ EMPLOYEE _____ RESPONSIBLE OFFICIAL

I certify that this report represents a reasonable estimate of the actual effort expended on each sponsored project and each category for the report period.

Signature

Print Name

Date

Print Title

RETN: Departmental Copy – 10 years, subject to Contract and Grant requirements