Monthly PAR with Multiple Cost Objectives for an Employee with a Fixed-Schedule (if not using the "Fixed Schedule" substitute system)

I certify that I have fulfilled the following duties **each month**. I worked _____ hours each day. The actual hours worked in direct support of individual cost objectives are indicated below.

Program	Number of Hours Per Day
Title I, Part A—Improving the Academic Achievement of the Disadvantaged	
Title II, Part A—Highly Qualified Teachers and Principals	
Other Federal (list program name)	
State and/or Local	
TOTAL	

I have a schedule to support the hours above.

Month/Year _____	Date	Employee Signature	Principal Signature

The following space is provided to report any daily exception to the above duties and my signature indicates certification of actual program hours worked different from above certification.

Date	Program	Changed Hours	Employee Signature