**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.

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| --- | --- | --- | --- |
| **Month/Year \_\_\_\_\_\_** | **Date** | **Employee Signature** | **Principal Signature** |
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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** |
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