## PERSONNEL ACTIVITY REPORT

- Poor Explanations

Business Services Form: PAR **Revised PAR Sample 1** Rev. May 2015

**Choose Type of PAR Choose Type of Adjustment** 

Revised **Greater than 5% Adjustment** 

Person ID: 9XXXXXXX		_	Name:	Johnson, Bruce A.								
Pers. Area: AY		EE group: Professional										
Effort		_	_			•						
Period												
Start: 8	3/17/2020	<b>To:</b> 12/31/2			20			<b>Semester</b> 2020FALL_AY_WL				
		_ 	_		<u></u>				0/			
									%	9/ <b>Effort</b>		
PerNr	Coot Contor *	Eurod	Ordor *	WDCE	Grant Evan	Grant Ta	WG	Solom	Current	% Effort		
0000XXXX	Cost Center *	<b>Fund</b> 46010000	Order *	<b>WBSE</b> F.0000XXXX.02.001	<b>Grant From</b> 9/1/2019	<b>Grant To</b> 8/31/2021	WG	Salary	<b>Distrib</b> 100%	Distrib 50%		
0000XXXX		46010000		F.0000XXXX.02.014	1/1/2020	12/31/2023	1		0%	50%		
**DO NOT ENTE	R MORE THAN 12 LINE	R DED DEDND**			TOTAL PERCEN	T DED DEDNO D	DED WA	GE GROUD	MUST FOUA	1 4009/		
	Post PAR with change i		d Pre-Audit Annr	oval	TOTAL PERCEN	I PER PERNK P	ER WA			res an Explanation		
PRE AUDITOR:	r ost i Ait With ondinge i	equires Explanation an	a i io Addit Appi	ovui	Business Office Co	ntact		Noter	Phone #	es an Explanation		
Explanation:					Dusiness Office Oo	inact			riiolie #			
To properly cha	_			on of Cancer markers Using oject period 1/1/2020 - 12/31								
Williams that th	is student spent 50% of	his effort on project F.(	)000XXXX.02.01	4 and should charge accord	ingly.							
I certify the a	bove effort represen	its a reasonable esti	mate of all co	mpensated effort for the	staff member fo	or the period.	<u> </u>					
-	•			•		-						
Вrис	ce A Johnson	5/15/2021			Paul W	'illiams			5/15/2021			
Staff Member		Date			<b>Authorized Ad</b>	Authorized Administrator						
Bruce A Johnsor	n	Researcher			Paul Williams				Faculty			
Print Name		Title			Print Name			Title				
I 4E	!!/B - 4 B		m = 11 = x									
Less than 5%Ad	lj/Post PAR/Revised PAR	: - Costing Office/Compt	roller		Costing Office/O	amptrallar A	rovel					
* Cost Center 2	nd fund for use only to r	emove charges from 2 <i>c</i>	lefaul <del>t</del>		Costing Office/Co	omptroner Appi	OVAI					
	_				Entered By							
Please send the completed form to the costing Dept., Kurz					c.ca by							

## PERSONNEL ACTIVITY REPORT

Business Services Form: PAR Rev. May 2015

## Choose Type of PAR Choose Type of Adjustment

## Revised Greater than 5% Adjustment

Revised PAR Sample 2	
- Poor Explanations	

Person ID: 9XXXXX69		_	Name:	Sherry Cus	Sherry Cushman					
Pers. Area:	<b>A</b> Y	_	EE group	Faculty						
Effort	<b>!</b>									
Period	I									
<b>Start:</b> 8/17/2020		<b>To:</b> 12/31/202			Semester 2020FALL_AY_WL					
		T		1	1	Γ			0/	
									%	<b>2</b>
									Current	% Effort
PerNr	Cost Center *	Fund	Order *	WBSE	Grant From	Grant To	WG	Salary	Distrib	Distrib
90000XXXX	1601001000	21010000	320000XXX				1	11065		23%
90000XXXX		46010000		F.90000XXX.02.080	10/1/2019	9/30/2021	1	13278		30%
90000XXXX		46010000		F.90000XXX.02.070	1/1/2019	12/31/2022	1	8852		20%
90000XXXX		46010000		F.90000XXX.02.049	12/1/2018	11/30/2021	1	11065		20%
90000XXXX		46010000		F.90000XXX.02.067	8/15/2019	8/14/2021	1		0%	7%
**DO NOT EN	TER MORE THAN 12 LINES	S PER PERNR**		•	TOTAL PERCEN	T PER PERNR I	PER WA	GE GROUP	MUST EQUA	L 100%
Revised PAR of PRE AUDITOR	or Post PAR with change r	equires Explanation	and Pre-Audit Ap	proval	Business Office Co	ntact		Note: L	ate PAR requir	es an Explanation
Explanation:										
-	harge 7% of Professor Cui	shman's salarv for Fa	II 2020 to F.9000	00XXX.02.067 "Cell Survival	Experiments for Voro	n Neutron Cap	ture Th	erapv".Proie	ct Period 8/	15/2019 -
	_	_		d that her salary had not be	_	_				
	grant at the time of certify			_	J J J J J			<b>.</b>		
I certify the	above effort represen	ts a reasonable es	stimate of all o	compensated effort for t	he staff member fo	or the period.	ı			
She	erry Cushman	5/15/2021	1							
Staff Member	2	Date	<u> </u>		Authorized Ad	minietrator			Date	
Jan Wemb	GI.	Date	<del>,</del>		Authorized Adi	เมเมอนสเบเ			Dalt	
Sherry Cushm	an	Faculty	_							
<b>Print Name</b>		Title	•		<b>Print Name</b>				Title	
less than 5%	Adj/Post PAR/Revised PAR	- Costing Office/Com	ntroller							
<b>-633 HIAH 3</b> /0/	AMJ/FUST FAINNEVISEU FAN	· - Josting Office/Con	ipti vilei		Costing Office/Co	omptroller App	roval			

<sup>\*</sup> Cost Center and fund for use only to remove charges from a default