

# Lockport City School District

130 Beattie Avenue, Lockport, New York 14094-5099

Office: (716) 478-4827

Holly Dickinson, Director of Grants & District/Community Programs

Fax: (716) 478-4842

Enclosed is a Personnel Activity Report (PAR) for your signature. By signing this document you state that you fulfilled the duties of your position for the time period indicated at the top of the form. This form is required for all positions funded, in whole or in part, by grant dollars. You will be required to sign and submit this form monthly.

**Signing this form has no bearing on your tenure, seniority, or job security.** We are directed by the federal and New York State education departments to spend funding in specific ways based on formulas/requirements they provide. Since their criteria is adjusted annually it creates changes in the certification area, salary step, and assigned location (school) of the individuals whose salaries are paid for out of these grant-funded sources. Your salary is being paid for in whole, or in part, out of a grant source for no other reason than your certification area, salary step, and/or assigned location meet the criteria for inclusion.

If, for any reason, you believe you have received this PAR in error, or that you do not or have not fulfilled the duties of the position indicated on the form for the given time period, please contact our office right away.

If you have any questions about signing the PAR please do not hesitate to reach out to me. With sincere appreciation for your dedication to your work and the care of your students.

Holly



*"Pride in Our Past; Faith in Our Future"*

**LOCKPORT CITY SCHOOL DISTRICT**  
 Certification of Federal Funding for Salary/Wages

**SALLY SMITH**

Employee Name

Job Title

Teaching Assistant

Pay Period

09/30/21-09/30/21

**TOTAL COMPENSATION PAID BY ACCOUNT CODE**

Job Description	Account Code	Amount Paid	FTE *
Teaching Assistant	FI21 2110 150 12 0000	\$7,385.28	100%
Total			

\* This should accurately reflect the total FTE worked.

Federal Grant	Account Code	Duties Performed	% Time Spent
	FI21 2110 150 12 0000	CJ Teaching Assistant	100%
Total			

I certify that I performed the duties described above in the time allocation indicated.

Employee Signature



Date

Holly Dickinson  
 Director of Grants & District/  
 Community Programs

**SAMPLE**

\* This form should be completed monthly by employees whose salary/wages are paid in whole or in part under one Federal Grant.

\* This form is to be kept on file for review by auditors.

**Please return to: Grants &  
 District Community Programs  
 Dept. @ BOE**