

Kirkwood Community College

Personnel Activity Report And Certification Faculty and Professional Staff

Name/Position: _____

Social Security Number: _____

Department: _____

Reporting Period: Time Period Starting: _____ Time Period Ending: _____

I certify that I have worked according to my job description, which outlines the duties and responsibilities of my position.

Employee: _____ Date: ____ / ____ / ____

I certify that I have first-hand knowledge of the actual time and effort expended by this employee for the period shown above. The certification made by this employee is a reasonable estimation of their time and effort for this reporting period.

Approved by: _____ Date: ____ / ____ / ____
(Supervisor)

The space below is provided if needed. No comments are required.

Employee and/or Supervisor Reporting Comments: _____
