

Charlotte Public Schools
2017-18 PAR Supporting Documentation Form

Name: _____

Title: Teacher

Reporting Period: 2017-18

Cost Objective: _____

Month: _____

FTE: _____

Week	Cost Objective	Program Objective	School	Distribution of Time (%)	# of Hours of Time

I hereby certify this report is an after-the-fact determination of the total activity and actual effort expended for the period indicated, and I have full knowledge of 100% of these activities.

****Please Include roster of students worked with this month.***

Employee Signature: _____

Date: _____

Principal Signature: _____

Date: _____