FY27

Grant-Funded Personnel Time Report (PTR)

(Agency Employees Only)

Grant Number_____

Reporting Quarter (MM/DD/YY to MM/DD/YY) _____

Grant-Funded Position **(as listed on your approved grant Budget)** _____

Grant-Funded Employee's First & Last Name_____

The Employee's status with your **Agency** is ☐ Full-Time ☐ Part-Time

Total Number of Hours the Employee worked **for your Agency** in this Reporting Quarter _____

Total Number of Paid Time Off (PTO) hours the Employee used during Reporting Quarter_____

The information provided above is correct.

Grant-funded Employee's **Signature**_____**Date**_____
(Digital signature is allowable)

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