FORT BERTHOLD COMMUNITY COLLEGE

ACTIVITY REPORT

EMPLOYEE NAME _____

MONTH ENDED _____

DATE FROM	TO	WORK PERFORMED	FUND	CONTRACT HOURS/SEMESTER HOURS/WORKING HOURS
		TOTAL HOURS		

EMPLOYEE SIGNATURE:_____ DATE:_____

SUPERVISOR SIGNATURE:_____ DATE:_____

NOTE: This form must be completed by all employees being paid from more than one fund/activity/program.