



State Council of
Higher Education for Virginia

**GEAR UP Virginia (GUV) 2021-2028
PERSONNEL ACTIVITY REPORT FOR STIPEND POSITIONS**

Employee: _____ **Federal program:** _____

Title: _____ **Reporting Month:** _____

Enter a summary description of all GEAR UP Virginia work performed during the reporting month specified above.

ACTIVITY SUMMARY

I hereby certify this report is an after-the-fact determination of the total activity and actual effort expended on behalf of the GEAR UP Virginia grant for the month reported.

Employee's Signature: _____ Date: _____

Regional Manager's Signature: _____ Date: _____

After signature, send to the Fiscal Officer to be included in the next reimbursement