Board Policy 7235F1: Federal Funds Semi-Annual Certification Form

Employee: _____

Position: _____

Reporting Period: _____

Cost Objective (Program Activity)	Grant Program	Fund Code – Function Code	Distribution of Time (Percentage of Hours)

Employee's Signature: _____

Date: _____

I hereby certify this report is an accurate representation of the total activity expended during the period indicated.

Reviewed by supervisor: _____

Date: _____

Personnel Activity Report

LEA Name: _____ For the Month of: _____

Employee: _____ Year: _____ Position: _____

Supervisor: _____

Cost Objective or Program Activity	Grant Fund Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total	%

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Leave Time																		
Total																		

Cost Objective or Program Activity	Grant Fund Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total	%
Leave Time																			
Total																			

I certify that the hours reported above are a true representation of work performed.

Employee signature: _____ Date: _____

Immediate Supervisor signature: _____

Date: _____

Multiple Cost Objective Time and Effort Certification

Employee: _____

Position: _____ Reporting Period: _____

Cost Objective (Program Activity)	Grant Program	Fund Code – Function Code	Distribution of Time (Percentage of Hours)

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Employee's Signature: _____

Date: _____

I hereby certify this report is an accurate representation of the total activity expended during the period indicated.

Reviewed by supervisor: _____

Date: _____

Personnel Activity Report

Employee Name: _____

Employee SSN (Optional): _____

Percentage of Time Worked by Activity

Month	Year	Work Activity #1	Work Activity #2	Work Activity #3	Work Activity #4	Work Activity #5	TOTAL % of Time Worked

The signature(s) below certifies this employee performed activities reflected in the attached log as distributed in the above percentages during the month specified.

_____ _____

Signature of Employee Date

_____

Position Title

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_____

Job Location/School Name

_____ _____

Signature of Supervisor (Optional) Date

This certification is in support of the Time Reporting requirements consistent with SDE Recommended Tracking: "Where employees work on multiple activities or cost objectives, a distribution of wages will be supported by personnel activity report…"

Legal Reference: _____

Procedure History:

Promulgated on:
Revised on:
Reviewed on: