### Time and Effort Procedures

To meet state and federal compliance, the district is required to document how each employee funded with federal funds spends his or her time on a typical day. This is so an auditor can verify that state and federal funds are being used appropriately. For that reason, either the supervisor of the staff and/or the staff themselves must sign a certification to verify the time.

#### Semi-Annual Certification – Supervisor signature only

For each staff member paid 100 percent from one federal program, a Semi-Annual Certification form must be filled out. This form will have the employee's name, ID number, type (classified or certified), period being certified, and program. It requires only the supervisor's signature and date.

### Procedures for Semi-Annual Certification:

There will be a form for each employee that is paid 100% from the federal grant.

- 1. Verify the employee works in your building.
- 2. Principal signs and dates the form very nearly after the certification period end date.
- 3. Make a copy for your files.
- 4. Send the original to Linda Briggs in the Budget department.

#### Multiple Cost Objectives Fixed Schedule – Employee and Supervisor signatures

For each staff member paid from more than one program, the employee <u>and</u> the supervisor must certify a fixed schedule certification. This form has the same information as above, plus a breakdown of the hours worked each day by program. The staff member has a consistent schedule and a sample of that schedule is attached to the form.

#### <u>Procedures for Multiple Cost Objectives Fixed Schedule</u>

There will be a form for each employee that is paid from the federal grant plus one or more other programs.

- 1. Verify the employee works in your building.
- 2. Attach the employee's weekly schedule with days/times to the document.
- 3. Employee signs and dates the Multiple Cost Objectives Fixed Schedule form very nearly after the ending certification period end date.
- 4. Principal signs and dates the form very nearly after the ending certification period end date.
- 5. Make a copy for your files.
- 6. Send the original form and schedule to Linda Briggs in the Budget department.



# **Federal Time & Effort Reporting**

# **Employee Time Certification Record**

### **Semi-Annual Certification**

Single Federal ProgramTitle I, Part A and LAP

Supervisor/Principal Signature

Use this form t	to document time a	and effort for per	sonnel working a	on a single cost o	piective
0 5 0 1111 1 0 1 1 1 1 1	to document the time t	arra ciroreror per	Joinici Working	orra omigic coot of	0,000,00

Typical	examp	les	are:
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Federal Special Ed and State Special Ed								
Employee Name:	First Last							
Employee ID#:	XXXXX							
Employee Type:	Certified							
Period Beginning:	9/1/2020							
Period Ending:	1/31/2021							
Programs Worked:	12							
Cost Objective:	ESSER II  (Program or combination of programs that constitute a single cost objective)							
	(Program or combination of programs that constitute a single cost objective)							
	ereby certify that for the period of 9/1/2020, through 1/31/2021, orked solely on the cost objective listed above.							

Date

# **Everett Public Schools**Federal Time & Effort Record

### **MULTIPLE COST OBJECTIVES - FIXED SCHEDULE**

Employee: Last, First

Position: Paraeducator										
Building: XXXXXXXXXXXX Elementary School										
Certification Period: 9/1/2020 to	01/31	/2021								
Type of schedule: weekly										
Program	Distributio	on of Time								
	hours per day	Percent								
ESSER II	0.25	4%								
Basic Education	6.00	96%								
Title I / LAP		0%								
Transportation	-	0%								
Total	6.25	100%								
I certify that I performed work consistent with the attached so the Certification Period.	chedule and as	distributed in	the above percentages durin							
Employee Signature Date										
I certify that I have first hand knowledge that the above empl schedule and as distributed in the above percentages during t			ent with the attached							
Supervisor Signature		Date								



# **Weekly Schedule**

## September 2020 - January 2021

Employee ID#: 12345

Employee Name: Suzy Sample

Position: Paraprofessional

Primary Location: Emerson Elementary School

Principal: Blythe Young

**CLASSIFIED STAFF WORKSHEET** 

Department: Finance Director: Ruth Floyd

Monday, Tuesday, Thursday, Friday Schedule								Wednesday Schedule								
Start Time Block	End Time Block	Mins Time Block	Program (Basic Ed, EL, LAP, Lunch, Title I, Other)	Grade	Activity Performed	Grade	Activity Performed	Grade	Activity Performed	Grade	Activity Performed	Start Time Block	End Time Block	Mins (Basic Ed, EL, Time LAP, Lunch, Block Title I, Other)	Grade	Activity Performed
TIM	IE BLOCK IN	FORMA	TION		MONDAY		TUESDAY		THURSDAY		FRIDAY	TIN	IE BLOCK IN	FORMATION		WEDNESDAY
8:05 AM	8:35 AM	30	Basic Ed		Breakfast room		Breakfast room		Breakfast room		Breakfast room	8:05 AM	8:35 AM	30 Other		paperwork,
8:35 AM	8:50 AM	15	ESSER		Health Room		Health Room		Health Room		Health Room	8:35 AM	8:50 AM	15 ESSER		Health Room
8:50 AM	11:30 AM	160	Basic Ed		Health Room		Health Room		Health Room		Health Room	8:50 AM	11:30 AM	160 Basic Ed		paperwork, zooms
11:30 AM	12:00 PM	30	Lunch		lunch		lunch		lunch		lunch	11:30 AM	12:00 PM	30 Basic Ed		lunch
12:00 PM	2:20 PM	140	Bais Ed		Math groups		Math groups		Math groups		Math groups	12:00 PM	2:20 PM	140 Other		paperwork, zooms
												2:20 PM				
				ļ												
TOTA	TOTAL MINUTES: 375 TOTAL MINUTES: 375															

<sup>\*</sup> Allocated hours per day includes a 30 minute unpaid lunch if working >5 hours per day.