

## *Sample Employee Certification and Schedule*

### **Enclosure B**

#### **Example Substitute System Time-and-Effort Certification – Employee with Fixed Schedule**

Employee: Jane Doe

Position: Instructional Assistant

School: Lincoln Elementary

**Certification Period:**

**8 / 15 / 2012 to 2 / 15 / 2013**

**Type of Schedule:**

     **Daily**

  x   **Weekly**

     **Biweekly**

     **Other:** \_\_\_\_\_

<b>Program or Cost Objective</b>	<b>Distribution of Time</b>
Title I, Part A – Improving the Academic Achievement of the Disadvantaged	42%
IDEA, Part B – Federal Special Education	13%
State or Local	45%
<b>TOTAL</b>	<b>100%</b>

I certify that I performed work consistent with the attached schedule and as distributed in the above percentages during the Certification Period.

Jane Doe  
Employee Signature

2/20/2013  
Date

I certify that I have firsthand knowledge that the above employee performed work consistent with the attached schedule and as distributed in the above percentages during the Certification Period.

Mary Smith  
Supervisor Signature

2/21/2013  
Date

## *Sample Employee Certification and Schedule*

### 2012–2013 SCHOOL YEAR SCHEDULE

Employee: Jane Doe

Position: Instructional Assistant

School: Lincoln Elementary

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
8:00-8:30 Consult with staff regarding Title I students/curriculum	8:00-8:30 Consult with staff regarding Title I students/curriculum	8:00-8:30 Consult with staff regarding Title I students/curriculum	8:00-8:30 Consult with staff regarding Title I students/curriculum	8:00-8:30 Consult with staff regarding Title I students/curriculum
8:30-8:45 Break	8:30-8:45 Break	8:30-8:45 Break	8:30-8:45 Break	8:30-8:45 Break
8:45-9:15 Special ed. support	8:45-9:15 Special ed. support	8:45-9:15 Special ed. support	8:45-9:15 Special ed. support	8:45-9:15 Special ed. support
9:15-10:00 Small group reading	9:15-10:00 Small group reading	9:15-10:00 Small group reading	9:15-10:00 Small group reading	9:15-10:00 Small group reading
10:00-10:30 Small group math	10:00-11:00 2 <sup>nd</sup> grade Title I reading/math	10:00-10:30 Small group math	10:00-11:00 2 <sup>nd</sup> grade Title I reading/math	10:00-10:30 Small group math
10:30-11:00 2 <sup>nd</sup> grade Title I reading/math		10:30-11:00 2 <sup>nd</sup> grade Title I reading/math		10:30-11:00 2 <sup>nd</sup> grade Title I reading/math
11:00-11:30 Lunch Break	11:00-11:30 Lunch Break	11:00-11:30 Lunch Break	11:00-11:30 Lunch Break	11:00-11:30 Lunch Break
11:30-11:45 Individual special ed. student catch-up	11:30-11:45 Individual special ed. student catch-up	11:30-11:45 Individual special ed. student catch-up	11:30-11:45 Individual special ed. student catch-up	11:30-11:45 Individual special ed. student catch-up
11:45-12:35 Small group math	11:45-12:35 Small group math	11:45-12:35 Small group math	11:45-12:35 Small group math	11:45-12:35 Small group math
12:35-1:05 Small group writing	12:35-1:05 Small group writing	12:35-1:05 Small group writing	12:35-1:05 Small group writing	12:35-1:05 Small group writing
1:05-1:20 Break	1:05-1:20 Break	1:05-1:20 Break	1:05-1:20 Break	1:05-1:20 Break
1:20-1:40 Title I prep	1:20-1:40 Title I prep	1:20-1:40 Title I prep	1:20-1:40 Title I prep	1:20-1:40 Title I prep
1:40-2:30 First grade Title I reading/math	1:40-2:30 First grade Title I reading/math	1:40-2:30 First grade Title I reading/math	1:40-2:30 First grade Title I reading/math	1:40-2:30 First grade Title I reading/math
2:30-3:30 Title I lesson planning and student learning plan follow- up	2:30-3:00 Title I lesson planning	2:30-3:30 Title I lesson planning and student learning plan follow- up	2:30-3:00 Title I lesson planning	2:30-3:30 Title I lesson planning and student learning plan follow- up
	3:00-3:30 Bus duty		3:00-3:30 Bus duty	

**SCHOOL DEPARTMENT**  
**PERSONNEL ACTIVITY REPORT**  
**(PAR)**

**For all Positions Funded by the federal funds**

**\*This form should be used for personnel working on multiple cost objectives\***

<b>Name:</b> _____				<b>Pay Period:</b> _____
<b>Position Title:</b> _____				
DATE	FUNDING SOURCE and # of Hrs. OF TIME IN RELATION TO 100%			DESCRIPTION OF ACTIVITIES
	TITLE IA	SPEC ED	LOCAL	
1/5/11	4		4	Worked with targeted Title IA students on reading; performed general reading services
1/6/11	4		4	Worked with targeted Title IA students on reading; performed class modeling of strategies for high level literacy students
1/7/11	4		4	Worked with targeted Title IA students on reading; performed general reading services
1/8/11			8	Substitute taught Grade 4
1/9/11	4		4	Worked with targeted Title IA students on reading; performed general reading services
1/12/11	8			Worked with targeted Title IA students and reviewed Title IA student progress data.
1/13/11			8	Mentored new class room teacher on Core Reading Curriculum
ETC.				
<b>TOTAL</b>	<b>24 hrs</b>		<b>32 hrs</b>	
	<b>43%</b>		<b>57%</b>	

In preparing personnel activity reports, please note the following:

- The reports must be based on an after-the-fact determination of the employee's actual activities (i.e., these cannot be estimated in advance). For example, the distribution of time might be determined based on notes from personal calendars and/or reasonable estimates of time spent on various activities.
- All of the employee's compensated time must be accounted for in these reports. This would include time spent on activities in addition to the Federally-supported project(s), as well as leave (sick/vacation/holiday), administrative duties, etc.
- The reports must be signed by the employee or a responsible supervisory official.

*I have performed the above duties as described.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Example 1 – This would be signed by the employee.

I, print name of staff certify that I spent 100% of my time engaged in allowable Title IA activities for the period \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (after the fact)

---

Example 2 – This would be signed by an immediate supervisor.

I, \_\_\_\_\_ printed name of supervisor certify that to the best of my knowledge (name of staff member printed) spent 100% of his/her time engaged in allowable Title IA activities for the period \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (after the fact)

---

Example 3 – This would be signed by a facilitator of the meeting for professional development, immediate supervisor, building principal, or an administrator that is present at the location where the activities are taking place.

This is to certify that, to the best of my knowledge, the above named teachers spent 100% of their stipend time for the period of \_\_\_\_\_ to \_\_\_\_\_ engaged in allowable Title IA activities and were paid with Title IA federal grant funds.

\_\_\_\_\_  
Print

\_\_\_\_\_  
Signature and date (after the fact)

Supervisor Name (with first-hand knowledge)

**\*\*Please note the words can be amended to meet the needs of the district. \*\*** The statement above is for stipend time but can be changed to just time. Title I activities, Title II activities, School-wide activities, etc. Statements should be on the school's letterhead or a reference to the district/school they work for should be evident.



**\*\* all employees that are paid a stipend must  
certify their time and effort\*\***

## Teacher Stipend Worksheet

This report must be completed and signed by the Conference/Training Supervisor. The information provided is a requirement mandated by the federal government, and additional information concerning the use of federal grant monies can be found at [http://www.whitehouse.gov/omb/circulars\\_default/](http://www.whitehouse.gov/omb/circulars_default/).

\_\_\_\_\_  
Conference/Training Title and Date

\_\_\_\_\_  
Contract Year

Teacher Name	Stipend Amount

This is to certify that, to the best of my knowledge, the above named teachers spent 100% of their stipend time for the period \_\_\_\_\_ to \_\_\_\_\_, 20 engaged in allowable Title IIA activities and were paid with Title IIA Improving Teacher Quality federal grant funds.

\_\_\_\_\_  
Print  
Supervisor with firsthand knowledge of work teachers performed

\_\_\_\_\_  
Signature/Date