Time and Effort Scenarios and Sample Documentation Forms

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Sample Scenarios

Scenario Semi-annual Certification

USA County School District #1

I, Jimbo Doe certify that I worked 100% of my time, from the period of July 1, 2019 through December 31, 2019 on Professional Development.

Employee Signature²

Date

Direct Supervisor Signature³

Date

**[This staff worked 40% of their time on PD for Title III and 60% of their time on PD for Title II-A (same cost objective)]

¹ If certifying every 6 months, semi-annual certifications MUST be certified no later than July 10 (for the period covering January 1 through June 30) and January 10 (For the period covering January 1 through December 31). If certifying for less than 6 months, include the applicable time frame and certify within 10 days after the end of the work period.
² Must be signed and dated after the work was performed.
³ Must be signed by a supervisor with firsthand knowledge of the work performed.
Scenario Semi-annual Certification

John Wyoming Junior High School

I, Jane Doe certify that I worked 100% of my time, from the period of July 1, 2019 through July December 31, 2019 and received a stipend from Title I-D, Subpart 2 for tutoring 5 students.

Employee Signature  

Date

Direct Supervisor Signature

Date

1 If certifying every 6 months, semi-annual certifications MUST be certified no later than July 10 (for the period covering January 1 through June 30) and January 10 (For the period covering January 1 through December 31). If certifying for less than 6 months, include the applicable time frame and certify within 10 days after the end of the work period.

2 Must be signed and dated after the work was performed.

3 Must be signed by a supervisor with firsthand knowledge of the work performed.
Scenario Personnel Activity Report

Jim Smith Elementary School

I, Jane Smith, certify that I worked on the following cost objectives during the month of June 2019.

<table>
<thead>
<tr>
<th>Name of Cost Objective</th>
<th>Percent of Time Worked</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Title IV-A Mental Health Services</td>
<td>80%</td>
</tr>
<tr>
<td>2. Title IV-A Recess Duty</td>
<td>15%</td>
</tr>
<tr>
<td>3. Title IV-A Crossing Guard</td>
<td>5%</td>
</tr>
</tbody>
</table>

Total Time Worked 100%

Employee Signature

Date

Direct Supervisor Signature

Date

1 All cost objectives must be included. Non-federal cost objectives may be included as a single “nonfederal activities” cost objective.

2 Must be signed and dated after the work was performed.

3 Must be signed by a supervisor with firsthand knowledge of the work performed.
I, John Doe certify that I worked on the following cost objectives during the month of June 2019.

<table>
<thead>
<tr>
<th>Name of Cost Objective</th>
<th>Percent of Time Worked</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Parent, Family, Community Engagement</td>
<td>25%</td>
</tr>
<tr>
<td>2. School Improvement Measures</td>
<td>75%</td>
</tr>
<tr>
<td>3. Total Time Worked</td>
<td>100%</td>
</tr>
</tbody>
</table>

1 All cost objectives must be included. Non-federal cost objectives may be included as a single “nonfederal activities” cost objective.

2 Must be signed and dated after the work was performed.

3 Must be signed by a supervisor with firsthand knowledge of the work performed.
Scenario Blanket Certification
(Multiple Employee Semi-annual Certification Form)

USA County School District 2

Supervisor Name: Mickey Mouse   Title: Professional Development Coordinator
Reporting Period: June 25-28, 2019

This is to certify that the following individuals\(^1\) have spent 100% of their time on TESOL Training and were paid out of Title III.

<table>
<thead>
<tr>
<th>Position</th>
<th>Printed Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESL Teacher</td>
<td>Jane Smith</td>
</tr>
<tr>
<td>Teacher</td>
<td>John Doe</td>
</tr>
<tr>
<td>Title III Coordinator</td>
<td>Jimbo Smith</td>
</tr>
<tr>
<td>Principal</td>
<td>Jane Wyoming</td>
</tr>
</tbody>
</table>

\(^1\) If multiple participants need to be listed, please attach the sign-in sheet that was provided at the Professional Development Activity.

WDE Time and Effort Scenarios and Forms
Revised June 2019
Semi-annual Certification

Name of School District or School

I, [Name of Employee] certify that I worked 100% of my time, from the period of July 1, 2019 through December 31, 2019 on [Name of Program or Activity Worked On].

_________________________  _______________________
Employee Signature\(^2\)       Date

_________________________  _______________________
Direct Supervisor Signature\(^3\)       Date

\(^1\) If certifying every 6 months, semi-annual certifications MUST be certified no later than July 10 (for the period covering January 1 through June 30) and January 10 (For the period covering January 1 through December 31). If certifying for less than 6 months, include the applicable time frame and certify within 10 days after the end of the work period.

\(^2\) Must be signed and dated after the work was performed.

\(^3\) Must be signed by a supervisor with firsthand knowledge of the work performed.
Personnel Activity Report

Name of School District or School

I, [Name of Employee] certify that I worked on the following cost objectives during the month of [Name Month and Year].

<table>
<thead>
<tr>
<th>Name of Cost Objective(^1)</th>
<th>Percent of Time Worked</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td><strong>Total Time Worked</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

______________________________

Employee Signature\(^2\)                   Date

______________________________

Direct Supervisor Signature\(^3\)          Date

\(^1\) All cost objectives must be included. Non-federal cost objectives may be included as a single “nonfederal activities” cost objective.

\(^2\) Must be signed and dated after the work was performed.

\(^3\) Must be signed by a supervisor with firsthand knowledge of the work performed.
Blanket Certification
(Multiple Employee Semi-annual Certification Form)

Name of School District or School

Supervisor Name: ______________________ Title: ___________________
Reporting Period: ______________

This is to certify that the following individuals\(^1\) have spent 100% of their time on [Name of Activity] and were paid out of [Funds Paid out of].

<table>
<thead>
<tr>
<th>Position</th>
<th>Printed Name</th>
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</table>

________________________________________  ______________________
Direct Supervisor Signature                  Date

\(^1\) If multiple participants need to be listed, please attach the sign-in sheet that was provided at the Professional Development Activity

WDE Time and Effort Scenarios and Forms
Revised June 2019