

# Time and Effort Scenarios and Sample Documentation Forms

## Table of Contents

<b>Sample Scenarios</b> .....	2
Scenario Semi-annual Certification .....	2
Scenario Semi-annual Certification .....	3
Scenario Personnel Activity Report .....	4
Scenario Personnel Activity Report .....	5
Scenario Blanket Certification .....	6
<b>Blank Forms</b> .....	7

# 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<sup>1</sup> December 31, 2019 on **Professional Development**.

\_\_\_\_\_  
Employee Signature<sup>2</sup>

\_\_\_\_\_  
Date

\_\_\_\_\_  
Direct Supervisor Signature<sup>3</sup>

\_\_\_\_\_  
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)]***

\_\_\_\_\_  
<sup>1</sup> 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.

<sup>2</sup> Must be signed and dated after the work was performed.

<sup>3</sup> 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<sup>1</sup> July December 31, 2019 and received a **stipend** from Title I-D, Subpart 2 for **tutoring 5 students**.

\_\_\_\_\_  
Employee Signature<sup>2</sup>

\_\_\_\_\_  
Date

\_\_\_\_\_  
Direct Supervisor Signature<sup>3</sup>

\_\_\_\_\_  
Date

<sup>1</sup> 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.

<sup>2</sup> Must be signed and dated after the work was performed.

<sup>3</sup> 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**.

<b>Name of Cost Objective<sup>1</sup></b>	<b>Percent of Time Worked</b>
1. Title IV-A Mental Health Services	80%
2. Title IV-A Recess Duty	15%
3. Title IV-A Crossing Guard	5%
<b>Total Time Worked</b>	<b>100%</b>

\_\_\_\_\_  
Employee Signature<sup>2</sup>

\_\_\_\_\_  
Date

\_\_\_\_\_  
Direct Supervisor Signature<sup>3</sup>

\_\_\_\_\_  
Date

<sup>1</sup> All cost objectives must be included. Non-federal cost objectives may be included as a single "nonfederal activities" cost objective.

<sup>2</sup> Must be signed and dated after the work was performed.

<sup>3</sup> Must be signed by a supervisor with firsthand knowledge of the work performed.

# Scenario Personnel Activity Report

USA County School District 16

I, **John Doe** certify that I worked on the following cost objectives during the month of **June 2019**.

<b>Name of Cost Objective<sup>1</sup></b>	<b>Percent of Time Worked</b>
1. Parent, Family, Community Engagement	25%
2. School Improvement Measures	75%
3.	
<b>Total Time Worked</b>	<b>100%</b>

\_\_\_\_\_  
Employee Signature<sup>2</sup>

\_\_\_\_\_  
Date

\_\_\_\_\_  
Direct Supervisor Signature<sup>3</sup>

\_\_\_\_\_  
Date

<sup>1</sup> All cost objectives must be included. Non-federal cost objectives may be included as a single "nonfederal activities" cost objective.

<sup>2</sup> Must be signed and dated after the work was performed.

<sup>3</sup> 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<sup>1</sup> have spent 100% of their time on **TESOL Training** and were paid out of **Title III**.

<b>Position</b>	<b>Printed Name</b>
ESL Teacher	Jane Smith
Teacher	John Doe
Title III Coordinator	Jimbo Smith
Principal	Jane Wyoming

\_\_\_\_\_  
Direct Supervisor Signature

\_\_\_\_\_  
Date

<sup>1</sup> If multiple participants need to be listed, please attach the sign-in sheet that was provided at the Professional Development Activity

# Blank Forms

## 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<sup>1</sup> December 31, 2019 on **[Name of Program or Activity Worked On]**.

\_\_\_\_\_  
Employee Signature<sup>2</sup>

\_\_\_\_\_  
Date

\_\_\_\_\_  
Direct Supervisor Signature<sup>3</sup>

\_\_\_\_\_  
Date

<sup>1</sup> 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.

<sup>2</sup> Must be signed and dated after the work was performed.

<sup>3</sup> 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]**.

<b>Name of Cost Objective<sup>1</sup></b>	<b>Percent of Time Worked</b>
1.	
2.	
3.	
<b>Total Time Worked</b>	<b>100%</b>

\_\_\_\_\_  
Employee Signature<sup>2</sup>

\_\_\_\_\_  
Date

\_\_\_\_\_  
Direct Supervisor Signature<sup>3</sup>

\_\_\_\_\_  
Date

<sup>1</sup> All cost objectives must be included. Non-federal cost objectives may be included as a single "nonfederal activities" cost objective.

<sup>2</sup> Must be signed and dated after the work was performed.

<sup>3</sup> 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<sup>1</sup> have spent 100% of their time on [**Name of Activity**] and were paid out of [**Funds Paid out of**].

<b>Position</b>	<b>Printed Name</b>

\_\_\_\_\_  
Direct Supervisor Signature

\_\_\_\_\_  
Date

<sup>1</sup> If multiple participants need to be listed, please attach the sign-in sheet that was provided at the Professional Development Activity