Instructions for Completing Federal Time Documentation

Any individual whose salary is charged to a federal grant MUST complete federal time documentation. The first step is to determine the appropriate type of time documentation to complete. There are three types of federal time documentation: Personnel Activity Reports, Periodic Time Certifications and Blanket Periodic Certifications

Work Performed	Type of Time Documentation				
100% of the employee's work falls under only one cost objective	Periodic Time Certification				
(regardless of how the employee is paid for their time)					
Employee works on activities with set-asides or caps	Personnel Activity Report				
An employee working on multiple tasks - all under one SWP	Periodic Time Certification				
An employee works on multiple cost objectives	Personnel Activity Report				
An employee works on a federal cost objective & unallowable	Personnel Activity Report				
A group of employees working under the same single cost objective	Blanket Periodic Certification				
A group of employees receiving stipends to provide services outside of the regular employment contract	Blanket Periodic Certification				

Instructions for Completing Periodic Time Certifications

- 1. <u>Period Covered</u> a periodic certification should not exceed six months of time and it should not cross grant years.
- 2. <u>Cost Objective</u> the specific cost objective must be stated
- 3. <u>Signatures</u> the employee and/or a supervisor with knowledge should sign the certification. The certification cannot be signed until the certification period has ended.

Instructions for Completing Personnel Activity Reports

- 1. <u>Period Covered</u> personnel activity reports should e prepared at least monthly, but bi-weekly is preferable to coincide with payroll dates
- 2. <u>Cost Objective</u> the specific cost objective(s) must be stated
- 3. <u>Signatures</u> the employee must sign the form at the end of the period.

The form cannot be signed until the period has ended.

4. Worked Time - only worked time can be recorded for each cost objective. Employes have the option to record leave time on the bottom of the form

Instructions for Completing Blanket Periodic Certifications

- 1. <u>Period Covered</u> a periodic certification should not exceed six months of time and it should not cross grant years.
- 2. <u>Cost Objective</u> the specific cost objective should be stated

- 3. <u>Signatures</u> the supervisor with knowledge should sign the certification. The certification cannot be signed until the certification period has ended.
- 4. <u>Use</u> Blanket Periodic Certifications may only be used for groups of employees working 100% of their contracted time on the same sole cost objective.

				Employ	ee Perso	onnel Ac	tivity R	port									
Employee:																	
Position:																	
Supervisory Union:																	
Dates Covered:						thre	ough										
1.) Below, show the <u>total hours</u> you worked each day, broken out by hours worked under each cost objective.																	
2.) Show minutes as decimal equivalents (0.5 hours = 30 minutes; 0.25 = 15 minutes.)																	
3.) If you did not work, or did not work under a specific cost objective, list those hours under one of the categories listed in the appropriate spaces provided at the bottom of this form.																	
	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.	Sun.	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.	Sun.			
Cost Objective:																	
Cost Objective:	1																
Cost Objective:																	
Cost Objective:																	
Cost Objective:	1																
Prof. Development	1																
Holiday	_																
Personal Leave	1																
Sick Leave																	
Unscheduled School Closing																	
Total Hours Worked for Each																	
Day																	
I verify tha	t the above	informatio	on is a corr	ect represe	ntation of t	he time wo	rked for the	s period, a	nd represer	its 100% o	my time v	vorked.					
Employee Signature: Date:																	
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PERIODIC TIME CERTIFICATION FOR STAFF WHOSE WORK IS LIMITED TO A SOLE COST OBJECTIVE

Federal Grant -
- Teacrai Grant -
Subject: Certification for Staff paid in whole or in part with federal grant funds.
In accordance with 2 CFR §200.430, this is to certify that the employee listed below spent 100% of their contracted time performing the work on the activity listed below:
Employee:
Employee's Position or Title:
Barre Unifed Union School District
Period Covered By Certification (not to exceed six months)
Beginning Date (MM/DD/YY)
Ending Date (MM/DD/YY):
SIGNATURES (after completion of period certified)
I certify that the above information is a correct representation of the work performed during this period.
Employee's Signature: Date: Date:
Direct Supervisor's Signature: Date:

PERIODIC TIME CERTIFICATION FOR STAFF WHOSE WORK IS LIMITED TO A SOLE COST OBJECTIVE UNDER A FEDERAL GRANT

Federal Grant -	
Subject: Certification for Staff paid in whole or in part with	n federal grant funds.
In accordance with 2 CFR §200.430, this is to certify that the below spent 100% of their contracted time performing the way	ork on the activity listed below:
Employee:	
Barre Unifed Union School District	
Period Covered By Certification (not to exceed six months)	
Beginning Date (MM/DD/YY):	
Ending Date (MM/DD/YY):	
=	
Direct Supervisor's Signature:	Date:
1 0	(after completion of period certified)