

# Federal Salary Documentation Requirements

## 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 (regardless of how the employee is paid for their time)	Periodic Time Certification
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 other activities	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. **Period Covered** - a periodic certification should not exceed six months of time and it should not cross grant years.
2. **Cost Objective** - the specific cost objective must be stated
3. **Signatures** - 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. **Period Covered** - personnel activity reports should be prepared at least monthly, but bi-weekly is preferable to coincide with payroll dates
2. **Cost Objective** - the specific cost objective(s) must be stated
3. **Signatures** - 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. Employees have the option to record leave time on the bottom of the form

## **Instructions for Completing Blanket Periodic Certifications**

1. **Period Covered** - a periodic certification should not exceed six months of time and it should not cross grant years.
2. **Cost Objective** - the specific cost objective should be stated
3. **Signatures** - the supervisor with knowledge should sign the certification. The certification cannot be signed until the certification period has ended.
4. **Use** - Blanket Periodic Certifications may only be used for groups of employees working 100% of their contracted time on the same sole cost objective.

## Employee Personnel Activity Report

Employee:	
Position:	
Supervisory Union:	
Dates Covered:	

1. Below, show the total hours 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	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
<b>Cost Objective</b>														
<b>Cost Objective</b>														
<b>Cost Objective</b>														
<b>Cost Objective</b>														
<b>Cost Objective</b>														
<b>Prof. Development</b>														
<b>Holiday</b>														
<b>Personal Leave</b>														
<b>Sick Leave</b>														
<b>Unscheduled School Closing</b>														
<b><u>Total Hours Worked for Each Day</u></b>														

I verify that the above information is a correct representation of the time worked for this period, and represents 100% of my time worked.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Periodic Time Certification

For Staff Whose Work is Limited to a Sole Cost Objective

**Federal 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:

<i>List sole cost objective here.</i>
---------------------------------------

Employee: \_\_\_\_\_

Employee Title or Position: \_\_\_\_\_

Employer (School District or Supervisory Union): \_\_\_\_\_

**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: \_\_\_\_\_

OR

Direct Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Blanket 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 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:

<i>List sole cost objective here.</i>
---------------------------------------

Employee: \_\_\_\_\_

Employee: \_\_\_\_\_

Employee: \_\_\_\_\_

Employee: \_\_\_\_\_

Employee: \_\_\_\_\_

Employee: \_\_\_\_\_

Employee: \_\_\_\_\_

Employee: \_\_\_\_\_

Employee: \_\_\_\_\_

Employer (School District or Supervisory Union): \_\_\_\_\_

**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.

Direct Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_