

# District Time Certification Form

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

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

**Certification Period:** (Please provide the dates covered on lines below. Signatures must be obtained after the activities are performed.)

\_\_\_\_\_ to \_\_\_\_\_

*Section 200.430 of the Code of Federal Regulations provides the following standards for the documentation of personnel expenses: Charges to federal awards for salaries and wages must be on records that accurately reflect the work performed. These records must:*

- *Be supported by a system of internal control which provides reasonable assurance that the charges are accurate, allowable, and properly allocated;*
- *Be incorporated into the official records of the non-Federal entity;*
- *Reasonably reflect the total activity for which the employee is compensated by the non-Federal entity, not exceeding 100% of compensated activities;*
- *Encompass both federally assisted and all other activities compensated by the non-Federal entity on an integrated basis, but may include the use of subsidiary records as defined in the non-Federal entity's written policy;*
- *Comply with the established accounting policies and practices of the non-Federal entity; and*
- *Support the distribution of the employee's salary or wages among specific activities or cost objectives if the employee works on more than one Federal award; a Federal award and non-Federal award; an indirect cost activity and a direct cost activity; two or more indirect activities which are allocated using different allocation bases; or an unallowable activity and a direct or indirect cost activity.*

Fund Source (Title Grant, General Fund)	Responsibility (Cost Objective)	Distribution of Time (Percentage)
	<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.

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

\_\_\_\_\_  
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.

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

\_\_\_\_\_  
Date