Sample Time and Effort Documentation

Employee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reporting Period\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Cost Objective** **(Program Activity)** | **Grant Program**  | **Fund Code - Function Code** | **Distribution of Time** **( Percentage or hours)** |
| Special Education | IDEA Part B Grant  | 257 - 521 | 50% |
| Special Education | IDEA Part B Preschool | 258 - 522 | 25% |
| Special Education | General Funds | 100 - 521 | 10% |
| General Education | General Funds | 100-512 | 15% |
| Sick Time |  |  |  |
| Vacation time |  |  |  |
|  |  |  |  |

Employee’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby certify this report is an accurate representation of the total activity expended during the period indicated

Reviewed by supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_