## Time and Effort Documentation – Semiannual Certification

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 | 60% |
| Special Education | General Funds | 100 - 521 | 40% |

Or

|  |  |  |  |
| --- | --- | --- | --- |
| **Cost Objective** **(Program Activity)** | **Grant Program**  | **Fund Code - Function Code** | **Distribution of Time** **( Percentage or hours)** |
| Special Education | IDEA Part B Grant  | 257 - 521 | 100% |

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_