TITLE: Documentation for Employees Paid from Federal and State Categorical Programs

NUMBER: BUL-2643.6

ISSUER: V. Luis Buendia, Controller
Accounting and Disbursements Division

DATE: October 31, 2013

POLICY: Federal and State regulations require supporting documentation, in addition to time cards, for all personnel who receive any payment (compensation) from federal funds or from state categorical funds. This supporting documentation will vary depending upon the funding source(s) or nature of the job duties. Payroll time reporting must reflect actual hours worked on each program as indicated in the supporting documentation.

MAJOR CHANGES: This Bulletin replaces Bulletin 2643.5 titled “Time Reporting for Federal and State Categorical Programs”. There is one major change which reflects the removal of references to the SBCP program.

In addition, the ESC Administrator of Operations is responsible for receiving Attachment I from schools within their ESC, and submitting Attachment J to the Accounting Controls & Oversight Branch.

GUIDELINES: I. DETERMINING AFFECTED EMPLOYEES AND REQUIRED DOCUMENTATION

Employees who receive compensation from federal or state categorical programs are required to complete additional supporting documentation which confirms that the activities or work that was completed was indeed for the program that funded the activity. Required supporting documentation will vary depending upon the funding source(s) and/or nature of the employee’s job duties. Completed documents should be retained with the time-keeper; copies can be kept with a program coordinator or another individual if so desired by the site. The overall guiding principle must be that site administrators must know where the documents are kept and that the documents be readily available for audit purposes.

A Time Reporting Documentation Matrix (Attachment A1-2) is included to summarize and assist school site, ESC, and central office staff in identifying the required documentation for federal and/or state categorical funded programs.

Routing:
ESC Superintendents
ESC Operations Administrators
Central Office Coordinators
Directors
Fiscal Services Mgrs
Food Services
Principals
School Admin. Asst.
Time Reporters
personnel. In addition, the following questions and answers are designed to provide further assistance in determining who is affected and what supporting documentation must be completed. Guidelines for required supporting documentation have been organized from the simplest required reports to the more complex.

Failure to complete and/or provide this documentation results in penalties that must be paid for by using your school/office’s General Fund resources.

Q1: How do I know if I am affected by these Federal and State requirements?

A1: If you do not know whether you are funded by a Federal or State categorical program, one of the easiest ways to find out is to ask your time-keeper to look on the CAT2 screen (time-approvers can look on the CAT3 screen) under “Fund”. If the ending four digits are “0000”, you are not required to complete the additional documentation. If the ending four digits are “3xxx-7xxx” then it means the position is funded from a federal or state categorical program. (See screen shot below for example.) In addition, each December and May, time keepers/time approvers will be provided with a listing of employees compensated from federal or state categorical funds.

Q2: My position is funded 100% by a single federal or state categorical program and the services that I provide are solely related to this program. What supporting documentation, in addition to my time card, must be completed?

A2: The Semi-Annual Certification (Attachment B) or Blanket Semi-Annual Certification (Attachment C) must be completed each fiscal year. The first semi-annual certification is for the period July 1st through December 31st, and the second semi-annual certification is for the period January 1st through June 30th. These reports should be completed no later than January 31st and July 31st, respectively. If you leave this position anytime during the fiscal year, the semi-annual certification must be completed prior to your departure, or if your funding is changed, the Semi-Annual Certification should be completed up to the date of the funding change.
Q3: My position is funded from a combination of federal and state categorical sources as described in the Title I School Wide Program (SWP) plan. What supporting documentation must be completed?

A3: The position is considered to have a “single cost objective”. A single cost objective is defined as a set of work activities where both the service(s) being performed and the population(s) being served are allowable under any of the programs from which you are funded. A Semi-Annual Certification (Attachment B) should be completed twice each fiscal year as described in A2. (Information on the SWP schools can be found on the Federal and State Education Programs (FSEP) website under District Offices.)

However, a Blanket Semi-Annual Certification (Attachment C) could be completed by the site administrator in lieu of the Semi-Annual Certification, if there are multiple employees at this school site whose positions are funded by sources listed in the SWP plan. This form should be completed twice a year, as described in A2.

Please note that due to requests for information from Federal Program Monitoring reviewers related to the English Language Program, positions funded with EIA/LEP and other funding sources should complete a Multi-Funded Time Report (MFTR) and activity log. Attachment F is a sample MFTR which incorporates an activity log for personnel funded with EIA/LEP and Title 1 resources.

Q4: My position is a Literacy Coach, Math Coach or Instructional Content Expert (Educational Service Centers (ESC)/Central Office only) and it is funded from federal/state categorical sources. What supporting documentation must be completed?

A4: These positions have been determined to have a “single cost objective”. Therefore, a Semi-Annual Certification (Attachment B) must be completed twice each fiscal year as described in A2.

A “Blanket Semi-Annual Certification” (Attachment C) could be completed by a supervisor/administrator who has first-hand knowledge of the work performed by these individuals.

Q5: My position is a teacher with an auxiliary period at a Title I SWP school. The position is funded with federal and/or state categorical sources. What supporting documentation must be completed?

A5: These positions have been determined to have a “single cost objective”. Therefore, a Semi-Annual Certification (Attachment B) must be
completed twice each fiscal year as described in A2.

A “Blanket Semi-Annual Certification” (Attachment C) could be completed by a supervisor/administrator who has first-hand knowledge of the work performed by these individuals.

Q6: My position is funded by a combination of federal funding and other sources. The hours I work on each of the programs is routine and consistent, but my position doesn’t qualify as a single cost objective. What supporting documentation must be completed?

A6: You would need to complete a Multi-Funded Time Report. An example is provided in Attachment D.

Q7: My position is funded from a combination of federal and state categorical sources. I provide similar services throughout the day, but the eligibility of participants or allowable costs for each funding source is different. The time that I spend on each program varies significantly from day-to-day. What supporting documentation must be completed?

A7: Because of the variation in the number of hours spent on each program each day, a more detailed report is required. In addition to Attachment D, most employees will use Attachment E which is a “generic” Daily Activity Log.

However, Attachment F provides a sample Multi-funded Time Report which has incorporated a Daily Activity Log. It was designed for employees funded with Title 1 and EIA-LEP resources.

Q8: My regular position does not require time reporting documentation. However, my administrator approved and paid my overtime to perform work for a federal or state categorical program. What supporting documentation must be completed?

A8: Per District policy, overtime must be authorized in advance by your administrator/supervisor and documented on an overtime request form. This form must include the funding source, reason for the overtime, specific work to be performed for the program funding the overtime, and number of hours authorized. In addition, after the overtime has been performed, a certification must be completed indicating that these services and hours authorized were actually performed. Attachment G is the recommended overtime request form and it will meet the certification requirements.

Q9: My regular position’s funding source(s) requires additional documentation which I have completed. However, I also have a
supplemental assignment outside of my normal work hours that is paid for with federal or state categorical funds. What supporting documentation for the supplemental assignment must be completed?

A9: If this supplemental assignment is a routine assignment with fixed hours over a fixed period of time (i.e. semester differential for an activity) then a Semi-Annual Certification for the supplemental assignment as described in A2 must be completed. If the supplemental assignment is not performed on a routine basis, but occurs every now and then, a certification such as found on Attachment H should be completed by the employee.

Q10: My regular position’s funding source(s) requires additional documentation which I have completed. I have a supplemental assignment outside the work hours of my regular duties that is paid for with funds that do not require additional documentation. Is there any other documentation for the supplemental assignment outside of my timecard that must be completed?

A10: If the supplemental assignment is outside the scope of the regular assignment work hours, then there would not be any additional federal or state documentation required.

Q11: I will be attending (or have attended) a training that is paid for using federal or state categorical funds. What supporting documentation must be completed?

A11: The “Federal and State Categorical Funded Certification” form found in Attachment H is a suggested form that could be used. It would be completed and signed by yourself and the training instructor. This form should then be submitted to your time reporter.

If multiple employees from the same school/office attend the same training, the sign-in sheet containing the date, time, funding source, employee number, employee name, and employee signature can be attached to Attachment H.

Q12: I am a substitute teacher, how do I know if any additional required documentation is necessary for my sub assignment?

A12: The school to which you are assigned must notify you if your sub assignment is funded from federal or state categorical sources. The substitute sign-in log should contain the program code from which you are funded. A certification such as the one in Attachment H, could also be completed and turned in to the time reporter each day. Failure to submit this documentation may make you ineligible for future
assignments that are funded from federal or state categorical sources.

Q13: I have completed Attachment D, E or F and the actual hours that I worked on a federal or state categorical program do not reflect how my position was budgeted. I have recorded my actual hours worked; what should be done to reflect these changes?

A13: Your site’s time-keeper must enter the changes in the payroll system so that your actual hours worked are properly recorded.

Q14: I am funded with Title I and EIA-LEP, and I am required to complete the Multi-Funded Time Report. Which form should I complete each month?

A14: Attachment F, Time-Accounting Log for Multi-Funded Categorical Personnel, should be completed. Activities for “direct” and “indirect” services are provided, and percentages may be calculated so that the maximum allowable for indirect services are not exceeded.

II. MONITORING COMPLIANCE

The California Department of Education has requested that procedures to monitor compliance with these federal and state documentation requirements be included in District policies. As such, the following procedures have been implemented.

A. Each December and May, the Accounting & Disbursements Division will provide administrators with a listing of their employees who must complete the additional required documentation.

B. Administrators should remind affected employees that semi-annual certifications should be completed by January 31st and July 31st, and that monthly multi-funded time reports or daily activity logs be completed if required. This documentation should be retained by the time-reporter at the site along with other payroll time-reporting documentation for a period of five (5) years.

C. By January 31st and July 31st, school site administrators and offices should submit to their ESC Operations Administrator or Division Administrator a written assurance (Attachment I) that they have received the appropriate documentation for each listed employee and that any necessary payroll adjustments have been made.

D. By February 15th and August 15th, the ESC Operations Administrator and Division Administrators should provide a written assurance (Attachment J) to the Accounting Controls & Oversight Branch.

OMB Circular A-87 – Attachment B – Paragraph 11(h)(3)
CDE Federal Program Monitoring (FPM), Compensatory Education (CE)19, English Learner (EL) 12
ASSISTANCE: For assistance or further information please contact the following:

<table>
<thead>
<tr>
<th>Program</th>
<th>Name</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Child Nutrition</td>
<td>David Binkle</td>
<td>(213) 241-1765</td>
</tr>
<tr>
<td>Nutrition Network</td>
<td>Roberta Acantilado</td>
<td>(818) 609-2570</td>
</tr>
<tr>
<td>GEAR-UP</td>
<td>Kathy Norris</td>
<td>(213) 241-2100</td>
</tr>
<tr>
<td>Special Education</td>
<td>Sharyn Howell</td>
<td>(213) 241-6701</td>
</tr>
<tr>
<td>Title I,</td>
<td>Debbie Ernst</td>
<td>(213) 241-6990</td>
</tr>
<tr>
<td>Title III, EIA/LEP</td>
<td>Hilda Maldonado</td>
<td>(213) 241-5582</td>
</tr>
<tr>
<td>Title II, A (HR)</td>
<td>Vivian Ekchian</td>
<td>(213) 241-6131</td>
</tr>
<tr>
<td>Title II, A (Talent</td>
<td>Donna Muncey</td>
<td>(213) 241-7000</td>
</tr>
<tr>
<td>Management)</td>
<td></td>
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<tr>
<td>Title II, A (Instruction)</td>
<td>Jaime Aquino</td>
<td>(213) 241-6131</td>
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<tr>
<td>Fiscal Staff</td>
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<tr>
<td>Accounting - Cafeteria</td>
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<td>(213) 241-7954</td>
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<td>Accounting - Specially Funded Programs</td>
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<td>(213) 241-7918</td>
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<td>Accounting Controls Branch</td>
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<td>(213) 241-7988</td>
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<tr>
<td>Budget Services - Adult and ECE</td>
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<td>(213) 241-3175</td>
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<td>Budget Services - Compensatory Education</td>
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<td>(213) 241-2100</td>
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<td>&amp; Specially Funded Programs</td>
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<tr>
<td>Budget Services - Special Education</td>
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<td>(213) 241-3367</td>
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<tr>
<td>Cafeteria Federal Programs</td>
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<td>(213) 241-1537</td>
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</tbody>
</table>
## TIME REPORTING DOCUMENTATION MATRIX

<table>
<thead>
<tr>
<th>FUNDING SOURCE</th>
<th>SCHOOL SITES</th>
<th>ESC / CENTRAL OFFICE</th>
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<tbody>
<tr>
<td><strong>Title I - TAS</strong> or Title I - SWP or Non-Title I**</td>
<td>Single Cost Objective*</td>
<td>Single Cost Objective*</td>
</tr>
<tr>
<td>Multi-funded Sources (Federal, State, or Federal+State)</td>
<td>MFTR + LOG</td>
<td>SAC</td>
</tr>
<tr>
<td>Single Funding Source (Federal or State-Restricted)</td>
<td>SAC</td>
<td>SAC</td>
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</tbody>
</table>

*Approved Single Cost Objective Programs/Positions (Please check programs included in the school wide plan)*

1. Schools that are SWP for those programs that are included in the school wide plan.
2. Literacy and Math Coaches
3. Instructional Content Experts
4. Class Size Reduction teacher at a Title I SWP school
5. Auxiliary teacher at a Title I SWP school
6. Certain positions funded from Special Education programs. Please check with the Special Education Budget Office at (213) 241-3367.

** See Question Q 7

### LEGEND

TAS - Title I Targeted Assistance School  
SWP - Title I Schoolwide Program School  
MFTR - Multi-funded Time Report  
LOG - Log of Daily Activities  
SAC - Semi-Annual Certification
<table>
<thead>
<tr>
<th>FUNDING SOURCE</th>
<th>DOCUMENTATION REQUIRED</th>
<th>FREQUENCY</th>
</tr>
</thead>
</table>
| 100% by Single Federal or State Categorical Fund | SAC  
Or  
Blanket SAC for individuals with same funding source. | Usually for the period:  
July – December  
January – June  
Completed and signed last working day of December and last working day of June |
| Combination of Federal/State Funds that is an approved Single Cost Objective (SCO)  
Most common SCO for schools are programs in the School Wide Program (SWP) | SAC  
Or  
Blanket SAC for individuals with same funding source | Usually for the period:  
July – December  
January – June  
Completed and signed last working day of December and last working day of June |
| Combination of Federal/State Funds **but NOT** Single Cost Objective | MFTR (and in some cases an Activity Log)  
Or  
Combined MFTR/Activity Log  
Please see question Q&A #3, Q&A #7, and Q&A #14 in bulletin regarding situations requiring an activity log. | Monthly – MFTR  
Daily – Activity Log  
Recorded Daily/Weekly and signed at the end of each month |

SAC=Semi-Annual Certification, Attachment B  
Blanket SAC=Blanket Semi-Annual Certification, Attachment C  
MFTR=Multi-Funded Time Report, Attachment D  
Activity Log =Daily Activity Log, Attachment E  
Combined MFTR/Activity Log, Attachment F (sample)
## TIME REPORTING DOCUMENTATION MATRIX FOR OTHER PAY TYPES

<table>
<thead>
<tr>
<th>PAY TYPE</th>
<th>FUNDING SOURCE</th>
<th>DOCUMENTATION REQUIRED</th>
<th>FREQUENCY</th>
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</thead>
<tbody>
<tr>
<td>Overtime</td>
<td>Federal or State Categorical Fund</td>
<td>Attachment G or similar document that includes all fields of Attachment G</td>
<td>As Needed</td>
</tr>
<tr>
<td>SAXB, Training, PD</td>
<td>Federal or State Categorical Funds</td>
<td>Attachment H or similar document that includes all fields of Attachment H</td>
<td>As Needed</td>
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<tr>
<td>Day-to-Day Substitute</td>
<td>Federal or State Categorical Funds</td>
<td>Attachment H or similar document that includes all fields of Attachment H Or Substitute Log that includes substitutes name, employee number, program code and substitutes signature (all on same line)</td>
<td>Daily</td>
</tr>
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LOS ANGELES UNIFIED SCHOOL DISTRICT
Accounting and Disbursements Division

SEMI-ANNUAL CERTIFICATION

Period Covered__________________________     Fiscal Year _____________________
(e.g. July-Dec, Jan-June)

Name_________________________________    Position ________________________

School/Office___________________________

Program(s) Name or Single Cost Objective (e.g. SWP schoolwide plan) _____________

Program Code(s)_________________________________________________________

I hereby certify that I was funded solely (100%) from the above program funds or worked
solely on these program(s), single cost objective or single indirect cost activity. (Please
note that EITHER the employee signature OR the responsible supervisor signature
satisfies the compliance requirement.)

☐

_______________________________          __________
Employee Signature      Date

OR

☐

______________________________   __________
*Responsible Supervisor Signature    Date

*Supervisor having first-hand knowledge of the activities.
Los Angeles Unified School District

Blanket Semi-Annual Certification

Period Covered: ______________________  Fiscal Year: __________________
(e.g. July-Dec, Jan-June)

School Name: ___________________________________________________________

The following individuals have worked 100% of their time during the period covered (not more than six months) under a single funding source or an approved single cost objective.

Program Code(s): __________________________________________________________

Cost Objective Name, if applicable: ____________________ (e.g. SWP schoolwide plan)

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I hereby certify that this report is an after-the-fact determination of actual effort expended for the period indicated.

Supervising Official:

Signature ______________________  Date ______________________

Name, Title ________________________

LOS ANGLES UNIFIED SCHOOL DISTRICT  
Multi-Funded Time Report (MFTR)

Employee Name: _________________________            Class Code: __________                                  Pay Period Month: ___________________

Employee No.        ________________                    Class Code Title:   ________________________

Days of the Month

| Program | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Actual Hours |
|----------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|                |

Certification:

I certify that the information recorded on this Daily Time Report is true and correct to the best of my knowledge. For the period of ______________ through _____________, I spent my time on the following programs:

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Signature of Employee

Date
# LOS ANGELES UNIFIED SCHOOL DISTRICT
## Accounting and Disbursements Division

## DAILY ACTIVITY LOG (Generic)

<table>
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<tr>
<th>Date</th>
<th>Day</th>
<th>Activity</th>
<th>Hours Program #1</th>
<th>Hours Program #2</th>
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I certify that the information recorded on this Activity Log is true and correct to the best of my knowledge.

Signature of Employee: ___________________________________________  Program #1 Name/Number: _______________________________________
Date: __________________________  Program #2 Name/Number: _______________________________________
Program #3 Name/Number: _______________________________________
Program #4 Name/Number: _______________________________________
Program #5 Name/Number: _______________________________________
**MULTI-FUNDED TIME REPORT AND TIME-ACCOUNTING LOG FOR CATEGORICAL PERSONNEL (Special Purpose) (SAMPLE)**

**Employee Name:** _______________  **Class Code:** _______________  **Month:** _______________

**Employee #:** _______________  **Position:** _______________  **School/Office:** _______________

| Date | Program | M | T | W | TH | F | M | T | W | TH | F | M | T | W | TH | F | M | T | W | TH | F | M | T | W | TH | F |
|------|---------|---|---|---|----|---|---|---|---|----|---|---|---|----|---|---|---|----|---|---|---|----|---|---|---|----|---|
|      |         |   |   |   |    |   |   |   |   |    |   |   |   |    |   |   |   |    |   |   |   |    |   |   |   |    |   |
|      |         |   |   |   |    |   |   |   |   |    |   |   |   |    |   |   |   |    |   |   |   |    |   |   |   |    |   |
|      |         |   |   |   |    |   |   |   |   |    |   |   |   |    |   |   |   |    |   |   |   |    |   |   |   |    |   |

**# of Hrs**

**Activity # (s)**

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**Direct Activities (1-12) for the Week:**

1. Demonstration lessons
2. Conduct Professional Development for Teachers/Administrators
3. Conference/meetings with Parents
4. Implement Instructional Program
5. Working directly with students/Intervention
6. Professional Development/Conference Attendance

**Indirect Activities (a-k) for the Week:**

7. Meeting Attendance (Intervention)
8. Teaching
9. Plan/Coordinate Professional Development
10. Train Community Members/Parents
11. Coordinating Intervention
12. Other

a. Develop/Construct/Organize/Select/Evaluate instructional materials
b. Develop/monitor program budgets
c. Approve program activities/purchases
d. School Site Visit
e. On-going Program Compliance
f. Develop Schedules for Program Intervention
g. Conference with District Office Personnel
h. Assist with site needs assessments
i. School Plan Writing/Modifications
j. Meeting Attendance (Operations)
k. Other

**Certification:** I certify that the information recorded on this Daily Time Report is true and correct to the best of my knowledge.

**Signature of Employee** _______________  **Signature of Administrator** _______________

**Date** _______________  **Date** _______________

*Only categorical funds are subject to direct and indirect.*
REQUEST FOR PRE-APPROVAL TO WORK OVERTIME

Name: __________________________________________ Employee #: __________________________

Requested Date(s)_________________________ Estimated Total Hours: ______________________

Reason for Overtime (Project/Activity):________________________________________________________________________________________________________________

________________________________________ Name of Program Code:________________________

Overtime Charged to Fund: _______ Program Code:____________ Name of Program Code:________________________________________

(If funding source is from a federal or state categorical program, activities performed must be an allowable cost.)

APPROVED BY: __________________________________________ Date: ______________________ Total Est. Hours Approved: _______

Supervisor

The information below is to be completed by the employee after prior approval has been obtained and overtime work is completed.

OVERTIME REPORT

Date(s) Worked:_______________________ Actual Hours Worked:________________________

I hereby certify that the overtime worked was solely (100%) related to activities for the above program.

Employee’s Signature __________________________________________ Date: ______________________

Approved By: __________________________________________ Date: ______________________

Administrator
FEDERAL AND STATE CATEGORICAL FUNDED CERTIFICATION
(Training or Occasional Assignments)

Fiscal Year ____________ Date (s) Worked ___________________

Hours Worked: ___________________

Description of Activity _________________________________________________________

Name_________________________________

School/Office___________________________

Categorical Program_________________________

Program Code_________________________

I hereby certify that I was funded solely (100%) from the above program funds and received
training/performed work as set forth on this program(s), single cost objective or single indirect
cost activity.

_______________________________          __________
Employee Signature            Date

NOTE: If multiple employees from the same cost center attend a training, Attachment H could be completed as a cover sheet and the sign-in sheet and agenda could be attached. The sign-in sheet should include training description, funding source(s), employee name, employee number, signature, and date(s) of training.
ADMINISTRATOR ASSURANCES

Period Ending __________________________  Fiscal Year __________________________
(e.g. July-Dec, Jan-June)

School/Office __________________________

I hereby certify that I have obtained the appropriate supporting documentation, as
outlined in this bulletin, for those employees who were paid using federal and/or state
categorical funds. All necessary adjustments have been entered in the payroll system so
that actual hours worked are properly reflected.

These documents have been retained by the time-reporter at my location and are available
for review.

_______________________________
Administrator’s Name

______________________________   __________
Administrator’s Signature      Date

A copy of this signed assurance must be sent to your ESC Operations Administrator or
Division Administrator by January 31st and July 31st of each fiscal year.
EDUCATIONAL SERVICE CENTER (ESC) OPERATIONS
ADMINISTRATOR/DIVISION
ADMINISTRATOR ASSURANCES

I hereby certify that:

I have received the Administrator Assurances form from each school within my ESC or each office under my responsibility that the appropriate supporting documentation as outlined in Bulletin 2643.6 has been obtained.

_________________________________________________
ESC or Division Name

_________________________________________________
ESC Operations Administrator/Division Administrator Name

_________________________________________________
ESC Operations/Division Administrator Signature          Date

Please fax a copy of this signed assurance to the Accounting Controls and Oversight Branch at (213) 241-6829 by February 15th and August 15th of each fiscal year.