



**WINDHAM SCHOOL  
DISTRICT**

**NUMBER: OP-07.36 (rev. 1)**  
**DATE: March 25, 2016**  
**PAGE: 1 of 3**  
**SUPERSEDES: OP-07.36  
September 1, 1992**

# **OPERATING PROCEDURES**

---

**SUBJECT: EMPLOYEE TIME AND EFFORT RECORD**

**AUTHORITY: Tex. Educ. Code § 19.006(b); 2 C.F.R. Part 225**

**APPLICABILITY: Windham School District (WSD)**

**POLICY:**

All employees funded with federal grants must document the time they spend working on the grant's objectives to demonstrate that the amount budgeted and claimed is accurate.

**PROCEDURES:**

- I. An individual who has a single cost objective has a position that is dedicated to a singular purpose and must complete semi-annual certifications. The Windham School District Semi-Annual Certification Form (Attachment A) must be signed by the employee every six months and stored in the campus or department files. The semi-annual certification form is signed "after the fact" and should describe work completed in the prior six months.
  
- II. An employee funded from multiple cost objectives needs to complete the Windham School District Personnel Activity Report - Multiple Cost Objectives (Attachment B) at least monthly, after the work has been completed. The form must reflect the individual's total work time and identify the portion of time spent on the federal project. The form must be signed by the employee and stored in the campus or department files. Supporting documentation of actual effort, not estimates, must accompany the signed form. Supporting documentation could be a work calendar, work product, time log, or class schedule.

Signature on file  
\_\_\_\_\_  
Amy Lopez, Director  
Division of Instruction

\*\*\*Windham School District Semi-Annual Certification Form\*\*\*

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

Federal Program: \_\_\_\_\_ Reporting Period: \_\_\_\_\_

Fiscal Year: \_\_\_\_\_

I have worked 100% under the following single cost objective (description of job duties related to the federal program):

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

Windham School District Personnel Activity Report  
Multiple Cost Objectives

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

Reporting Period: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_

Activity	Federal Program (if non-federal, identify as Non-Federal)	Distribution of Time (% of time spent on this activity)	Number of Hours (# of hours spent on this activity)
		Total %:	Total hours:

I hereby certify this report is an after-the-fact determination of the total activity and actual effort expended for the period indicated, and I have full knowledge of 100% of these activities.

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