

Time & Effort Certification

LEA must include position description with annual secondary improvement application

Employee Name: _____ Institution: _____ Position: _____

Time period from _____ to _____

Is this a report for a stipend/supplemental contract? YES NO

1. Salary -- complete semi-annually
 *New positions only – 3 years maximum with a 1/3 decrease for year 2 and 3.
2. Stipend – complete monthly only for the months worked on the stipend-funded project.

- 100% Federal Perkins Funds
 Multiple Funding Sources

	Program Cost Objective % of time	Administration Cost Objective % of time	Total
Perkins Federal			
Perkins Federal			
Other			

I certify that this report represents a true record of effort expended for this time period according to the funding stream indicated above.
 Signature of Employee: _____ Printed Name of Employee: _____
 Date: _____ (must be signed after the period reported in this form)

Signature of Supervisor: _____ Printed Name of Supervisor: _____
 Date: _____ (must be signed on or after the Employee Signature date)