**District Name and contact information**

**Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID:**  **\_\_\_\_\_\_\_\_\_\_\_** **School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Certification Period:** (Please provide the dates covered on lines below. Signatures must be obtained after the activities are performed.)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

§ 200.430 Compensation—personal services of the Code of Federal Regulations provides the following standards for the documentation of personnel expenses: *Charges to federal awards for salaries and wages must be based on records that accurately reflect the work performed. These records must:*

* *Be supported by a system of internal control which provides reasonable assurance that the charges are accurate, allowable, and properly allocated;*
* *Be incorporated into the official records of the non-Federal entity;*
* *Reasonably reflect the total activity for which the employee is compensated by the non- Federal entity, not exceeding 100% of compensated activities;*
* *Encompass both federally assisted and all other activities compensated by the non-Federal entity on an integrated basis, but may include the use of subsidiary records as defined in the non-Federal entity's written policy;*
* *Comply with the established accounting policies and practices of the non-Federal entity; and*
* *Support the distribution of the employee's salary or wages among specific activities or cost objectives if the employee works on more than one Federal award; a Federal award and non-Federal award; an indirect cost activity and a direct cost activity; two or more indirect activities which are allocated using different allocation bases; or an unallowable activity and a direct or indirect cost activity.*

| **Fund Source (IDEA Grant, General Fund, Other)** | **Responsibility (Cost Objective)** | **Distribution of Time (Percentage)** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **TOTAL** | **100%** |

I certify that I performed work consistent with the attached schedule and as distributed in the above percentages during the Certification Period.

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

Employee Signature Date

I certify that I have firsthand knowledge that the above employee performed work consistent with the attached schedule and as distributed in the above percentages during the Certification Period.

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

Supervisor Signature Date