

Time and Effort Log—Personnel Activity Report

Federal rules require employees paid from a combination of funds, of which one fund is a federal program, must maintain time and effort distribution records in accordance with 2 C.F.R. Part 225 (formerly OMB Circular A-87).

Instructions: Complete this form to show how much time you spent each day on activities related to each program or funding source through which you're paid. At the end of the month, total the number of hours for each program and calculate the percentage of time you've spent on each one. Then sign at the bottom of the sheet to certify that the total time is accurate. Finally, forward the time sheet to your supervisor for certification and processing along with backup documentation (for example, copy of pages from daily planner).

Step #1: Beginning with the second column, list one funding source or grant program to which your salary is charged during the time period covered by the form. Enter a separate funding source in each column. (i.e. Title I, general fund). If you do not know the funding sources from which you are paid, contact your Human Resource Department, Board Clerk or Superintendent's Office for that information.

Step #2: For each day of the month listed in the "Day" column, enter the number of hours you devoted to each of the programs you listed in Step #1. If the date falls on a weekend or holiday, indicate that.

Step #3: For each day of the month listed in the "Day" column, enter the combined number of hours you spent on all programs in the last column ("Totals").

Step #4: At the end of the month, add the numbers in each column and enter the total on the line that says "Total." When added together, the total number of hours you spend on all of the programs must equal the number at the bottom of the "Totals" column.

Step #5: Divide the number on the total line in each column by the number on the total line of the last column, then multiply by 100. This tells you the percentage of time you have spent on each program. Enter the percentages on the bottom line of the form.

Step #6: Add together the percentages you calculated for each program in Step #5 to make sure they equal 100 percent. If they don't, review Steps #2 through #5 to check for mathematical errors.

Step #7: Sign your completed form.

Step #8: Submit the original form, along with any backup documentation your district requires, to your supervisor, and keep a copy for your own records. Do **not** send a copy to KSDE.

An Equal Employment/Educational Opportunity Agency

The Kansas State Department of Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies: KSDE General Counsel, Office of General Counsel, KSDE, Landon State Office Building, 900 SW Jackson, Suite 102, Topeka, KS 66612, (785) 296-3201

PERSONNEL ACTIVITY REPORT—Time and Effort

Employee's Name _____

Social Security # or Employee # _____ Pay Period Dates _____

DAY	Funding Source 1	Funding Source 2	Funding Source 3	Funding Source 4	TOTALS
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					
TOTALS					
%					

Employee's Signature _____

Supervisor's Signature _____

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