

## Instructions for Completing Federal Time Documentation

Any individual whose salary is charged to a federal grant MUST complete federal time documentation. The first step is to determine the appropriate type of time documentation to complete. There are three types of federal time documentation: Personnel Activity Reports, Periodic Time Certifications and Blanket Periodic Certifications

<u>Work Performed</u>	<u>Type of Time Documentation</u>
100% of the employee's work falls under only one cost objective (regardless of how the employee is paid for their time)	Periodic Time Certification
Employee works on activities with set-asides or caps	Personnel Activity Report
An employee working on multiple tasks - all under one SWP	Periodic Time Certification
An employee works on multiple cost objectives	Personnel Activity Report
An employee works on a federal cost objective & unallowable	Personnel Activity Report
A group of employees working under the same single cost objective	Blanket Periodic Certification
A group of employees receiving stipends to provide services outside of the regular employment contract	Blanket Periodic Certification

### Instructions for Completing Periodic Time Certifications

1. Period Covered - a periodic certification should not exceed six months of time and it should not cross grant years.
2. Cost Objective - the specific cost objective must be stated
3. Signatures - the employee and/or a supervisor with knowledge should sign the certification. The certification cannot be signed until the certification period has ended.

### Instructions for Completing Personnel Activity Reports

1. Period Covered - personnel activity reports should be prepared at least monthly, but bi-weekly is preferable to coincide with payroll dates
2. Cost Objective - the specific cost objective(s) must be stated
3. Signatures - the employee must sign the form at the end of the period. The form cannot be signed until the period has ended.
4. Worked Time - only worked time can be recorded for each cost objective. Employees have the option to record leave time on the bottom of the form

### Instructions for Completing Blanket Periodic Certifications

1. Period Covered - a periodic certification should not exceed six months of time and it should not cross grant years.
2. Cost Objective - the specific cost objective should be stated

3. Signatures - the supervisor with knowledge should sign the certification. The certification cannot be signed until the certification period has ended.

4. Use - Blanket Periodic Certifications may only be used for groups of employees working 100% of their contracted time on the same sole cost objective.



**PERIODIC TIME CERTIFICATION  
FOR STAFF WHOSE WORK IS LIMITED TO A SOLE COST OBJECTIVE**

Federal Grant - \_\_\_\_\_

Subject: Certification for Staff paid in whole or in part with federal grant funds.

In accordance with 2 CFR §200.430, this is to certify that the employee listed below spent 100% of their contracted time performing the work on the activity listed below:

\_\_\_\_\_

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

Employee's Position or Title: \_\_\_\_\_

Barre Unifed Union School District \_\_\_\_\_

Period Covered By Certification (not to exceed six months)

Beginning Date (MM/DD/YY) \_\_\_\_\_

Ending Date (MM/DD/YY): \_\_\_\_\_

SIGNATURES (after completion of period certified)

I certify that the above information is a correct representation of the work performed during this period.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OR

Direct Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PERIODIC TIME CERTIFICATION  
FOR STAFF WHOSE WORK IS LIMITED TO A SOLE COST OBJECTIVE  
UNDER A FEDERAL GRANT**

Federal Grant - \_\_\_\_\_

Subject: Certification for Staff paid in whole or in part with federal grant funds.

In accordance with 2 CFR §200.430, this is to certify that the employees listed below spent 100% of their contracted time performing the work on the activity listed below:

\_\_\_\_\_

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

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

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

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

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

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

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

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

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

Barre Unifed Union School District \_\_\_\_\_

Period Covered By Certification (not to exceed six months)

Beginning Date (MM/DD/YY): \_\_\_\_\_

Ending Date (MM/DD/YY): \_\_\_\_\_

Direct Supervisor's Signature: \_\_\_\_\_

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

(after completion of period certified)