**Federal Requirements for LEAs Using Title II, Part A Funds to Compensate Personnel**

**1.1 Periodic Certification**

For employees who work on a single federal program or cost objective, the charges for the salary/benefits must be supported by periodic certifications that the employee worked solely on activities appropriate for the grant program or cost objective. A periodic certification must 1) be completed at least annually in compliance with the LEA’s internal controls, 2) be completed after the fact, 3) account for total activity (not just that of one fund source), and 4) be signed by the employee or the supervisory official having first-hand knowledge of the work performed by the employee (printed name must accompany signatures in order to determine who completed the form).

**1.2 Personnel Activity Reports (PARs) (often called Time Logs)**

When a LEA pays an employee’s salary/benefits from more than one funding source (more than one federal program or a federal program and a non-federal program), and the employee is fulfilling multiple cost objectives, the employee must document how he/she met the multiple obligations with a detailed record, commonly referred to as a time log. The distribution of the employee’s salary must be supported by a Personnel Activity Report. PARs must 1) account for actual and total activity (not just that of one fund source); 2) reflect work activities in enough detail to clearly indicate the work is allowable under each funding source; 3) be signed by the employee or the supervisory official having first-hand knowledge of the work performed by the employee (printed name must accompany signatures in order to determine who completed the form); and 4) be prepared after the fact. PARs must be completed at least quarterly in accordance with the LEA’s internal controls and coincide with one or more pay periods. For guidance on the distribution of salaries of employees paid from more than one funding source, refer to [USDE Actions to Ease the Burden of Time and Effort Reporting](https://www2.ed.gov/policy/fund/guid/gposbul/time-and-effort-reporting.html) (September 2012).

**1.3 Periodic Certification v PAR (Time Log)**

The charges for an employee’s salary/benefits may be supported by the employee’s daily schedule in lieu of a time log, if

* There is a fixed daily schedule for the employee.
* There is an indication on the schedule which portion of the day is worked for each funding source.
* The schedule is signed at least quarterly by the employee and the employee’s supervisor in accordance with the LEA’s internal controls.
* Questions about when daily schedules may be used in lieu of time logs should be addressed to the Title II, Part A Education Specialist assigned to the LEA.

**References**

2 C.F.R. Part 200 (§200.430(i))

USDE Policy Letter, [USDE Actions to Ease the Burden of Time and Effort Reporting](https://www2.ed.gov/policy/fund/guid/gposbul/time-and-effort-reporting.html) (September 2012)

***Sample* Periodic Certification – Single Employee**

**(One employee working solely on one Federal cost objective)**

**Time period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**(**Date) (Date)

**This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ worked solely on \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of single Federal Program) allowable activities in the job role of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ during the time period indicated above.**

**OR**

**This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_performed work solely in accordance with the job responsibilities outlined in the attached job description for the time period indicated above.**

**Signature of employee Printed name of supervisor**

**Date Signature of supervisor**

**Date**

***Sample* Periodic Certification – Multiple Employees**

**(Multiple employees working solely on one Federal cost objective)**

**Time period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**(**Date) (Date)

**I certify that the employees listed below have performed work solely in accordance with the job responsibilities outlined in the attached job description(s) for the time period indicated above.**

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| **Name of Employee** | **Position** |
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| **Supervisor (Print Name)** | **Supervisor (Print Position)** |
| **Supervisor Signature** | **Date Signed** |

**Personnel Activity Report (PAR)**

**Time Log for Multiple Cost Objective Employees**

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| --- | --- | --- | --- | --- |
| Name |  | Month |  |  |
| Position |  |  |  |  |
|  |  |  |  |  |
| Day of Month | Title II, Part A Duties | No. of Hours | ***Insert Name of Program***  Duties | No. of Hours |
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| Title II, Part A Monthly Total | |  | ***Insert Name of Program***  Monthly Total |  |
| Monthly % | |  | Monthly % |  |
| YTD Total Hours | |  | YTD Total Hours |  |
| YTD % | |  | YTD % |  |
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| Number of days in work year (ex. 180, 190, 200, 220, etc.) | | | |  |
| Percent of salary paid by Title II, Part A | | | |  |

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Employee Signature Supervisor Signature

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personnel Activity Report (PAR)**

**Time Log for Multiple Cost Objective Employees**

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| --- | --- | --- | --- | --- | --- | --- |
| Name |  | Month/ Year |  | Position |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Day of Month | Title II, Part A Duties | No. of Hours | ***Insert Name of Program***  Duties | No. of Hours | ***Insert Name of Program***  Duties | No. of Hours |
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| Title II, Part A Monthly Total | |  | ***Insert Name of Program***  Monthly Total |  | ***Insert Name of Program***  Monthly Total |  |
| Monthly % | |  | Monthly % |  | Monthly % |  |
| YTD Total Hours | |  | YTD Total Hours |  | YTD Total Hours |  |
| YTD % | |  | YTD % |  | YTD % |  |
|  | |  |  |  |
| Number of days in work year (ex. 180, 190, 200, 220, etc.) | | | |  |
| Percent of salary paid by Title II, Part A | | | |  |

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Employee Signature Supervisor Signature

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_