**Tennessee Department of Education (TDOE)**

**Standards for Documentation of**

**PERSONNEL EXPENSES**

**Certification of Employment and Personnel Activity Forms**

Forms are being provided in a format that can be adapted to better suit the particular needs of the Local Educational Agency (LEA). Please feel free to revise the forms while maintaining required information.

In maintaining records for this data, please keep in mind the following information:

Certifications / assurances must be completed at least twice a year and must be signed after-the-fact. If not signed by the employee, they must be signed by the immediate supervisor who has firsthand knowledge of the work completed by the employee. (For school employees, this should be the principal.)

Personnel activity reports (PAR) must be completed monthly, must reflect distribution totals per program after-the-fact of the actual activity, must coincide with one or more pay periods, and must be signed by the employee. Documentation must accompany each PAR to indicate the activities performed. The LEA is then responsible, at least quarterly, for comparing actual costs to the budgeted percentages charged to each program. If necessary, adjustments must be made to charges to federal awards.

**Employee**

**Certification / Assurance**

**Supervisor**

**Certification / Assurance**

**Personnel Activity Report**

**(PAR)**

**PURPOSE OF THIS FORM:** This form is to be completed by an employee funded full time (100%) from a single federal grant award. Use this format if the LEA requires each full-time employee to sign a separate certification/assurance.

**DIRECTIONS FOR COMPLETION:**

* Indicate the employee’s full name
* A – Choose ONE program area in which the employee works: Carl Perkins, NCLB, or Special Education
* B – Choose ONE funding source from which the employee is paid:

IDEA Part B ***or*** IDEA Preschoolprogram; Perkins Basic Grant; NCLB Consolidated Administration; Title I; Title IIA; Title IID; Title III; Title IV; Title V; Title VI; Title X.

* C and D are beginning and ending dates for which the employee is certifying his/her work activity. For example, 12-month employees would use July 1- Dec 31 and Jan 1- June 30, but a 10-month employee would use Aug 1- Dec 31 and Jan 1 – May 31.
* Make sure employee signs the form AFTER the ending date. (after the fact)
* Give the date of the signature
* Indicate the employee’s position (teacher, educational assistant, nurse, director, etc.)
* Indicate where the employee works: school name, central office, etc.

**Employee**

**Certification / Assurance**

I, \_\_\_\_\_\_(employee name)\_\_\_\_\_\_\_, assure that I am devoting 100% of my work time to allowable

\_\_\_\_\_\_\_\_A\_\_\_\_\_\_\_\_\_ activities in the \_\_\_\_\_\_\_\_\_\_\_\_B\_\_\_\_\_\_\_\_\_\_\_\_\_ program for the period

beginning \_\_\_\_\_\_C\_\_\_\_\_\_\_\_ and ending \_\_\_\_\_\_\_\_\_D\_\_\_\_\_\_\_\_\_\_.

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

Employee Signature Date

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

Position

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

School/Job Location

**(Letterhead or Name of LEA)**

**Employee**

**Certification / Assurance**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, assure that I am devoting 100% of my work time to allowable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ activities under \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Title I, Title IIA, Title IID, Title III, Title IV, Title V, Title VI, Title X, Consolidated Administration) of the No Child Left Behind Act of 2001 for the period beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and ending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

Employee Signature Date

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

Position

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

School/Job Location

**PURPOSE OF THIS FORM:** This form is also used for employees funded full time (100%) from a single federal grant award. Use this form if an employee’s supervisor will sign in the place of the employee.

**DIRECTIONS FOR COMPLETION:**

* A – Choose ONE program area in which the employee works: Carl Perkins, NCLB, or Special Education
* B – Choose ONE funding source from which the employee is paid:

IDEA Part B ***or*** IDEA Preschoolprogram; Perkins Basic Grant; NCLB Consolidated Administration; Title I; Title IIA; Title IID; Title III; Title IV; Title V; Title VI; Title X.

* C and D are beginning and ending dates for which the employee is certifying his/her work activity.
* List all employees funded under applicable budgets (IDEA Part B, IDEA Preschool, Title I, Perkins, etc. There must be a method of separating each program area—separate page or columns)
* List the position of the employee (teacher, educational assistant, etc.)
* Immediate supervisor signs giving assurance that the employees listed work only on allowable activities. (For school employees, the immediate supervisor would be the principal.) Signature and date are to be “after the fact” for work completed.
* Give date of signature
* List the title of supervisor
* Indicate where the employees listed work: school name, central office, etc.

**Supervisor**

**Certification / Assurance**

I assure that the employees listed below are devoting **100%** of their work time to allowable \_\_\_\_\_\_\_\_\_A\_\_\_\_\_\_\_ activities under \_\_\_\_\_\_\_\_B\_\_\_\_\_\_\_\_\_\_\_\_ program, for the period beginning \_\_\_\_\_\_\_C\_\_\_\_\_\_\_ and ending \_\_\_\_\_\_\_D\_\_\_\_\_\_\_\_\_.

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| --- | --- | --- | --- |
| Name of Employee | Position | Name of Employee | Position |
|  |  |  |  |
|  |  |  |  |
| *Add rows as needed…* |  |  |  |

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

Supervisor’s Signature Date

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

Title

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

School Name / Job Location

**(Letterhead or Name of LEA)**

**Supervisor**

**Certification / Assurance**

I assure that the employees listed below are devoting **100%** of their work time to allowable

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ activities under \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Title I, Title IIA, Title IID, Title III, Title IV, Title V, Title VI, Title X, Consolidated Administration) funds derived from the No Child Left Behind Act of 2001 for the period beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and ending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Employee | Position | Name of Employee | Position |
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Supervisor’s Signature Date

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

Title

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

School Name / Job Location

**NOTE:** List all employees funded under applicable budgets (Title I, IIA, IID, III, IV, V, VI, X etc).

Separate each program area with separate pages.

**Personnel Activity Report**

**(PAR)**

**PURPOSE OF THIS FORM:** Employees who work on multiple activities funded from different sources complete personnel activity records that support the distribution of their salaries/wages. Attach a log to each monthly PAR documenting the time reported. The same time log should be used to document all of the employee’s work activities.

**DIRECTIONS FOR COMPLETION:**

* Give full name of employee
* Employee Identification Number or Social Security Number—*strictly optional*
* Month/Year—completed each month after-the-fact
* Work Activity—list any program from which the employee’s salary is funded (General Purpose, CTE, IDEA Part B, Title I, etc.) Give the percentage of time the employee works in each program
* Each Work Activity percent of time worked
* Add each percentage of time across the column to determine total percentage of time worked. This must agree with employee personnel and budget records.
* Signature of Employee
* Date PAR was completed and signed by employee
* Position title of employee (SE Supervisor, Teacher, Educational Assistant, Nurse, etc.)
* *Signature of Supervisor and date are optional and may be deleted*
* Indicate where the employee works (name of school, central office, etc.)
* Attach supporting time log to PAR form

**Personnel Activity Report**

**(PAR)**

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

Employee Identification No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
|  |  | Percentage of Time Worked by Activity |  |
| Month | Year | **General****Fund** | **Consolidated****Admin** | Work Activity#3 | Work Activity#4 | Work Activity#5 | TOTAL % of Time Worked |
| Oct | 2012 | 50% | 50% |  |  |  | 100% |

The signatures below certify this employee performed activities reflected in the attached log as distributed by the above percentages during the month specified.

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

Signature of Employee Date

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

Position Title

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

Job Location / School Name

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

Signature of Supervisor (*optional*) Date

**(Letterhead or Name of LEA)**

**Personnel Activity Report**

**(PAR)**

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

Employee Identification No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Percentage of Time Worked by Activity |  |
| Month | Year | Work Activity#1 | Work Activity#2 | Work Activity#3 | Work Activity#4 | Work Activity#5 | TOTAL % of Time Worked |
|  |  |  |  |  |  |  |  |

The signatures below certify this employee performed activities reflected in the attached log as distributed by the above percentages during the month specified.

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

Signature of Employee Date

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

Position Title

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

Job Location / School Name

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

Signature of Supervisor (*optional*) Date

**(Letterhead or Name of LEA)**

**Personnel Activity Report**

**(PAR)**

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

Employee Identification No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
|  |  | Percentage of Time Worked by Activity |  |
| **IDEA Federal** | **Non-IDEA (Specify)** |
| Month | Year | Part B Administrative Activities | Part B Program Activities | Pre-School AdministrativeActivities | Pre-School Program Activities | Work Activity | TOTAL % of Time Worked |
|  |  |  |  |  |  |  |  |

The signatures below certify this employee performed activities reflected in the attached log as distributed by the above percentages during the month specified.

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

Signature of Employee Date

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

Position Title

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

Job Location / School Name

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

Signature of Supervisor (*optional*) Date