

**TITLE:** Documentation for Employees Paid from Federal and State Categorical Programs

**NUMBER:** BUL-2643.15

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Office of the Chief Business Officer

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Business and Finance  
Office of the Chief Business Officer

**DATE:** October 23, 2023

**ROUTING**  
Region Superintendents  
Region Administrator of Operations  
Central Office Coordinators  
Directors  
Principals  
School Admin. Asst.  
Fiscal Services Managers  
Time Reporters/Approvers  
Community of Schools Administrators

**POLICY:** Federal and State regulations require time and effort documentation, in addition to timecards, for all personnel who receive any payment (compensation) from federal funds or from state categorical funds. This documentation will vary depending upon the funding source(s) or nature of the job duties. Payroll time reporting must reflect actual hours worked on each program as indicated in the time and effort certification documentation.

**MAJOR CHANGES:** This Bulletin updates Bulletin 2643.14 of the same subject, issued on January 23, 2023, with the following changes:

- Update the Resource code range from 3XXX-7XXX to 2XXX-7XXX

**GUIDELINES:** I. DETERMINING REQUIRED TIME AND EFFORT DOCUMENTATION

Employees who receive compensation from federal or state categorical programs are required to complete additional supporting documentation which confirms that the activities or work that was completed was indeed for the program that funded the activity. Required supporting documentation will vary depending upon the funding source(s) and/or nature of the employee’s job duties.

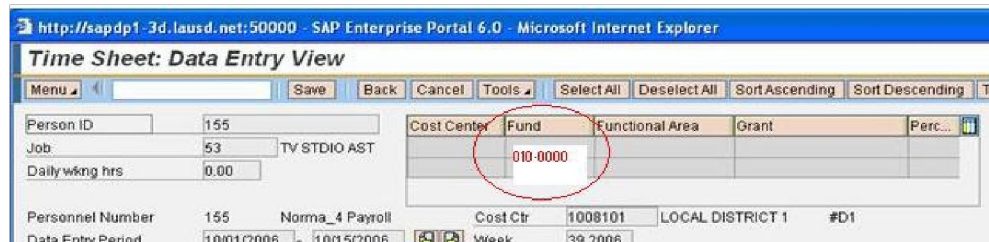
A Time Reporting Documentation Matrix (Attachments A1-A4) is included to assist school sites, regions and central office staff in identifying the required documentation for federal and/or state categorical funded personnel.

Failure to complete and/or provide this documentation results in penalties that must be paid for by using your school/office’s General Fund resources.

## II. DETERMINING AFFECTED EMPLOYEES

There are several ways to determine which employees must complete some form of time and effort documentation for their main assignment. Two of the most common are:

- a) Timekeepers can look on the CAT2 screen (time-approvers can look on the CAT3 screen) under “Fund”. If the ending four digits are “0000”, the employee is not required to complete the additional documentation. If the ending four digits are “2xxx-7xxx” then it means the position is funded from a federal or state categorical program. (See screen shot below for example.)



- b) Time reporters also have access to the Position With Incumbent (PWI) report showing the employees funded by federal or state categorical programs and BU042 - Payroll Expenditures by Cost Center in SAP that can be generated throughout the year showing employee payroll charges to a program.

For pay other than an employee’s main assignment, (such as PD, SAXB, Overtime, etc.), the funding source must be identified prior to the activity.

In addition, each January and May, a listing of employees compensated from federal or state categorical funds is posted in MyLAUSD (for schools) and directly emailed to respective Division/ Region Administrators (for offices).

## III. COMPLETING TIME AND EFFORT CERTIFICATION FORMS

Time and effort certification documentation must be an after-the-fact certification of actual time worked and must be completed in a timely manner. Moreover, for those employees who are required to complete a Multi-Funded Time Report (MFTR), the entire workday must be reflected, not just the hours funded by federal and/or state categorical resources. Attachments A1-A4

provide the frequency for when the various time and effort certifications must be completed.

In addition, please refer to Attachments D1-D2 for additional guidance on completing Periodic Certifications (formerly referred to as Semi- Annual/Blanket Semi-Annual Certifications) and MFTRs.

#### IV. PAYROLL ADJUSTMENTS

Timekeepers should review MFTRs each month. If the actual hours worked documented per this bulletin are different than the employee's budgeted time, adjustments must be entered into the payroll system by the timekeeper so that actual time worked is reflected and charged to the program.

#### V. RETENTION OF DOCUMENTATION

Completed documents should be retained with the timekeeper for five (5) years. Copies can be kept with a program coordinator or another individual if so desired by the site.

Overtime forms should be attached to any other time and effort documentation.

The overall guiding principle is that site administrators must know where the documents are kept and that the documents must be readily available for audit purposes.

#### VI. MONITORING COMPLIANCE

The California Department of Education has requested that procedures to monitor compliance with these federal and state documentation requirements be included in District policies. As such, the following procedures have been implemented.

- A. Each January and May, the Accounting & Disbursements Division will provide administrators with a listing of their employees who must complete additional time and effort certification. This listing will be provided as an additional resource and does not replace any monitoring procedures that schools and offices should have in place. Reporting locations should continuously verify appropriate documentation and/or reports to ensure that time and effort certifications are completed accurately and timely, reviewed, and properly approved.

- B. Administrators should remind affected employees that periodic certifications should be completed and signed by the last working day of December (but no later than January 31st), and last working day of June (but no later than July 31st), and that monthly MFTRs be completed if required. This documentation should be retained by the time-reporter at the site along with other payroll time-reporting documentation for a period of five (5) years.
- C. By January 31st and July 31st, school site administrators and offices should submit to their Region Administrator of Operations or Division Administrator a written assurance (Attachment F) that they have received the appropriate documentation for each listed employee and that any necessary payroll adjustments have been made.
- D. By February 15th and August 15th, the Region Administrator of Operations and Division Administrators should provide a written assurance (Attachment G) to the Accounting Controls & Oversight Branch that they have received assurances from their schools/offices that appropriate supporting documentation has been obtained and any necessary payroll adjustments have been made.

#### VII. TIME AND EFFORT DOCUMENTATION UNDER EXTRAORDINARY CIRCUMSTANCES

When an extended period of emergency or extraordinary circumstances, such as, but not limited to, public health crisis and natural disaster, is declared by the Superintendent or designee as disrupting normal work activities and resulting in closure of schools, facilities, or programs, time and effort documentation requirements will remain in effect during that period. However, steps to adjust time and effort reporting may be necessary to meet the immediate health and safety needs of students and employees while ensuring documentation is maintained to support the use of federal and state categorical program funds during this period. Thus, the following guidelines will take effect:

##### A. Documenting Time and Effort During Extraordinary Circumstances

A Time Reporting Documentation Matrixes (Attachment A3 and Attachment A4) are included to summarize the required documentation for federal and/or state categorical funded personnel during extraordinary circumstances and for other payment types.

**B. Monitoring and Submitting Time and Effort During Extraordinary Circumstances.**

Time and effort documentation should be reviewed and approved by the employee's supervisor. Time and effort may be submitted electronically or may be scanned for submission to timekeepers for reporting and record keeping purposes. Retention policies stated in Section V. above remain the same.

Timekeepers will review completed time and effort documentation. If the actual hours worked documented per the time and effort certification are different from the employee's budgeted time, adjustments must be entered into the payroll system so that actual time worked is reflected and charged to the program.

Depending on the situation, deadlines to complete time and effort documentation may be adjusted accordingly and will be communicated as appropriate.

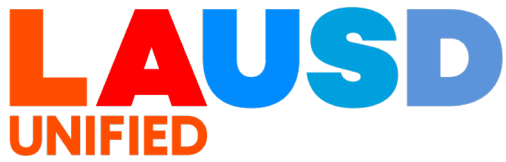
**C. Waivers**

Any waivers of time and effort reporting requirements from federal awarding agencies will be applied to the procedures when appropriate.

**AUTHORITY:** Federal and State Requirements

**RELATED RESOURCES:** 2 CFR 200 Uniform Guidance - [eCFR :: 2 CFR Part 200](#)  
California School Accounting Manual Procedure 905 - [CSAM 905](#)

**ATTACHMENTS:** Attachment A1-A4 – Time Reporting Documentation Matrix  
Attachment B1-B2 – Periodic Certification  
Attachment B3-B4 – Periodic Certification (Extraordinary Circumstances)  
Attachment B5 – Periodic Certification (Collective Bargaining Agreements)  
Attachment B6– Periodic Certification (Black Student Achievement Program)  
Attachment B7– Periodic Certification (Class Size Reduction)  
Attachment C1-C2 – Multi-funded Time Report Template  
Attachment D1-D2 – Do's and Don'ts  
Attachment E – Overtime Request Form  
Attachment F – Admin Assurances  
Attachment G – Division and Region Admin Assurances



**ASSISTANCE:** For assistance or further information please contact Accounting Controls and Oversight Branch at (213) 241-2150 or [Acctg-Controls@lausd.net](mailto:Acctg-Controls@lausd.net)

For assistance with entering payroll adjustments, please call Payroll Customer Service at (213) 241-2570

### TIME REPORTING DOCUMENTATION MATRIX FOR BASE ASSIGNMENT

FUNDING SOURCE	DOCUMENTATION REQUIRED	FREQUENCY	CERTIFIER
100% by Single Federal or State Categorical Fund	Attachment B1-B2* – <i>Periodic Certification</i> (formerly referred to as Semi-Annual Certification) (check Periodic Certification box)  This form can be used for an individual or individuals with the same funding source (i.e., program code/s).	Usually for the period: July – December January – June  Completed and signed by the last working day of December (but no later than January 31st) and last working day of June (but no later than July 31st).	Administrator/supervisor with firsthand knowledge of the work performed by the employee(s).
Combination of Federal/State/Local Funds that is an approved Single Cost Objective (SCO)**  Most common SCO for schools are programs in the Schoolwide Program (SWP)	Attachment B1-B2* – <i>Periodic Certification</i> (formerly referred to as Semi-Annual Certification) (check Periodic Certification box)  This form can be used for an individual or individuals with the same funding source (i.e., program code/s).	Usually for the period: July – December January – June  Completed and signed by the last working day of December (but no later than January 31 <sup>st</sup> ) and last working day of June (but no later than July 31 <sup>st</sup> ).	Administrator/supervisor with firsthand knowledge of the work performed by the employee(s).
Combination of Federal/State Funds <b>but NOT</b> Single Cost Objective	Attachment C1 – <i>Multi-Funded Time Report (MFTR)</i> (sample template activities can be edited)	Monthly – MFTR Recorded daily and signed at the end of each month	Employee <u>and</u> administrator/supervisor with firsthand knowledge of the work performed by the employee.
Time documentation should be reviewed and approved by supervisor and be submitted to timekeepers for reporting purposes.			

\* Previously issued forms (Periodic Certification, Blanket Periodic Certification, and Training or Occasional Assignments Certification) have now been consolidated to one form – Periodic Certification (Attachment B1). Additional sheets which should have the certification language and supervising official signature line may be used as necessary (see Attachment B2).

\*\* A Single Cost Objective (SCO) can be considered when all populations served and services provided are allowed by each of the programs funding the position. A Single Cost Objective application can be submitted to the Deputy Controller for review. Applications can be obtained from the Accounting Controls & Oversight Branch at (213) 241-2150.

**TIME REPORTING DOCUMENTATION MATRIX FOR OTHER PAY TYPES**

PAY TYPE	FUNDING SOURCE	DOCUMENTATION REQUIRED	FREQUENCY
Overtime	Federal or State Categorical Fund	Attachment E or similar document that includes all fields of Attachment E	As Needed
SAXB, Training, PD	Federal or State Categorical Funds	Attachment B1-B2* – <i>Periodic Certification</i> (check Training, Occasional or Substitute Assignment box) <i>Or</i> Similar document that includes all fields of Attachment B1-B2	As Needed
Day-to-Day Substitute	Federal or State Categorical Funds	Attachment B1-B2* – <i>Periodic Certification</i> (check Training, Occasional or Substitute Assignment box) <i>Or</i> Similar document that includes all fields of Attachment B1-B2 <i>Or</i> Substitute Log that includes substitute name, employee number, program code and substitute signature (all on same line)	Daily

\* Previously issued forms (Periodic Certification, Blanket Periodic Certification, and Training or Occasional Assignments Certification) have now been consolidated to one form – Periodic Certification (Attachment B1). Additional sheets which should have the certification language and supervising official signature line may be used as necessary (see Attachment B2).



**TIME REPORTING DOCUMENTATION MATRIX UNDER EXTRAORDINARY CIRCUMSTANCES**

FUNDING SOURCE	WHO	DOCUMENTATION REQUIRED	FREQUENCY	CERTIFIER
100% by Single Federal or State Categorical Fund; or Combination of Federal/State/Local Funds that is an approved Single Cost Objective	Employees who were approved to work remotely and whose duties align with the employee’s budgeted program.	Attachment B1-B2 – <i>Periodic Certification</i> This form can be used for an individual or individuals with the same funding source (i.e., program code/s).	Usually for the period: July – December January – June (May be adjusted accordingly.) Completed and signed by the last working day of December (but no later than January 31st) and last working day of June (but no later than July 31st).  Submission deadlines may be adjusted accordingly.	Administrator/supervisor with firsthand knowledge of the work performed by the employee(s).
	Employees who were not able to work remotely and placed on paid leave (i.e., MSND) during the school, facilities, or program closure.	Attachment B3-B4 – <i>Periodic Certification During Extraordinary Circumstances</i> (Indicate the program(s) served, if applicable.)		
	Employees whose duties changed to support activities involving other program(s) during the school, facilities, or program closure, in whole or in part.	This form can be used for an individual or individuals with the same funding source (i.e., program code/s).		
100% by Single Federal or State Categorical Fund; or Combination of Federal/State/Local Funds that is an approved Single Cost Objective	Employees who received payments per the Board of Education Approval, not specified elsewhere Employees who received payments per the terms of the fully executed collective bargaining agreement/s, not specified elsewhere.	Attachment B5 or similar document that includes all fields of Attachment B5	As applicable, for payments made by the last working day of December (but no later than January 31 <sup>st</sup> ) and last working day of June (but no later than July 31 <sup>st</sup> ).  After the fact certification which may be completed for prior fiscal periods.  Submission deadlines may be adjusted accordingly.	Administrator with knowledge of the employee’s eligibility for payments received.

**TIME REPORTING DOCUMENTATION MATRIX UNDER EXTRAORDINARY CIRCUMSTANCES**

<b>FUNDING SOURCE</b>	<b>WHO</b>	<b>DOCUMENTATION REQUIRED</b>	<b>FREQUENCY</b>	<b>CERTIFIER</b>
100% by Single Federal or State Categorical Fund; or Combination of Federal/State/Local Funds that is an approved Single Cost Objective	Employees assigned to support the Black Student Achievement Program	Attachment B6-B7 Periodic Certification During Extraordinary Circumstances (Indicate the program(s) served, if applicable)	Usually for the period: July – December January – June (May be adjusted accordingly.)  After the fact certification which may be completed for prior fiscal periods.  Submission deadlines may be adjusted accordingly.	Administrator/supervisor with knowledge of the work performed by the employee(s)
	Employees assigned to support the Class Size Reduction Program	This form can be used for an individual or individuals with the same funding source (i.e. program code/s)		

**TIME REPORTING DOCUMENTATION MATRIX FOR OTHER PAYMENT TYPES**

FUNDING SOURCE	WHO	DOCUMENTATION REQUIRED	FREQUENCY	CERTIFIER
Combination of Federal/State Funds  <u>but NOT</u> Single Cost Objective	Employees who were approved to work remotely and whose duties align with the employee's budgeted program.	Attachment C1 – <i>Multi-Funded Time Report (MFTR)</i>	Monthly – MFTR  Recorded daily and signed at the end of each month	Employee <u>and</u> administrator/supervisor with firsthand knowledge of the work performed by the employee.
	Employees who were not able to work remotely and placed on paid leave (i.e., MSND) during the school, facilities, or program closure.	Attachment C2 – <i>Multi-Funded Time Report (MFTR) During Extraordinary Circumstances</i> (Indicated the program(s) served, if applicable.)		
	Employees whose duties changed to support activities involving other program(s) during the school, facilities, or program closure, in whole or in part.			
Time documentation should be reviewed and approved by supervisor and be submitted to timekeepers for reporting purposes.				

LOS ANGELES UNIFIED SCHOOL DISTRICT  
 Accounting and Disbursements Division

**PERIODIC CERTIFICATION**

School/Office Name: \_\_\_\_\_

Program Name(s): \_\_\_\_\_ Program Code(s): \_\_\_\_\_

Cost Objective Name, if applicable: \_\_\_\_\_ [e.g., Title I Schoolwide plan (SWP)]

<b>CHECK ONE ONLY</b>	
<input type="checkbox"/> Periodic Certification  Fiscal Year: _____ Period Covered: _____ _____ (Not more than six months, e.g. July-Dec, Jan-June)	<input type="checkbox"/> Training, Occasional or Substitute Assignment Certification  Fiscal Year: _____ Date(s) Worked: _____ Hour(s) Worked: _____ Description of Activity: _____  <b>NOTE:</b> If multiple employees from the same cost center attend a training, this certification could be completed as a cover sheet and the sign-in sheet and agenda could be attached. The sign-in sheet should include training description, funding source(s), employee name, employee number, signature, hours worked, and date(s) of training.
I hereby certify that the individual(s) listed below (attach additional sheets as necessary) have worked 100% of their time during the period/date(s) specified above under a single funding source (i.e. program code/s) or an approved single cost objective/activity.	
I hereby certify that this report is an after-the-fact determination of actual effort expended for the period/date(s) indicated.	

Name	Position

Supervising Official with first-hand knowledge of the work performed by the employee(s):

\_\_\_\_\_

Name & Title
Signature
Date



LOS ANGELES UNIFIED SCHOOL DISTRICT  
Accounting and Disbursements Division

**PERIODIC CERTIFICATION DURING EXTRAORDINARY CIRCUMSTANCES**

School/Office Name: \_\_\_\_\_

Program Name(s): \_\_\_\_\_ Program Code(s): \_\_\_\_\_

Cost Objective Name, if applicable: \_\_\_\_\_ [e.g., Title I Schoolwide plan (SWP)]

CHECK ONE ONLY	
<input type="checkbox"/> Periodic Certification  Fiscal Year: _____ Period Covered: _____  (e.g. March 16 – June 30)	<input type="checkbox"/> Training, Occasional or Substitute Assignment Certification  Fiscal Year: _____ Date(s) Worked: _____ Hour(s) Worked: _____ Description of Activity: _____  <b>NOTE:</b> If multiple employees from the same cost center attend a training, this certification could be completed as a cover sheet and the sign-in sheet and agenda could be attached. The sign-in sheet should include training description, funding source(s), employee name, employee number, signature, hours worked, and date(s) of training.
<p>I hereby certify that the individual(s) listed below (attach additional sheets as necessary) who is/are funded by a single source (i.e. program code) or an approved single cost objective/activity was/were:</p> <p><input type="checkbox"/> not able to work for the program listed above or other programs during the period/date(s) specified above.</p> <p><input type="checkbox"/> working with a different program during the period/date(s) specified above. Identify the specific program/activity (e.g. Grab &amp; Go, Help Desk)</p> <p>_____</p> <p>If the second box is checked, timekeepers should enter payroll adjustments to reflect the appropriate program(s) served. If you have questions regarding funding for the appropriate program served, please contact <a href="mailto:Acctg-Controls@lausd.net">Acctg-Controls@lausd.net</a>.</p> <p>I hereby certify that this report is an after-the-fact determination of actual effort expended for the period/date(s) indicated.</p>	

Name

Position

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

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

Supervising Official with first-hand knowledge of the work performed by the employee(s):

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**PERIODIC CERTIFICATION**

School/Office Name(s): \_\_\_\_\_ Program Code(s): \_\_\_\_\_

Cost Objective Name, if applicable: \_\_\_\_\_ [e.g., Title I Schoolwide plan (SWP)]

<b>CHECK ONE ONLY</b>	
<input type="checkbox"/> Periodic Certification  Fiscal Year: _____ Period Covered: _____ (Not more than six months, e.g. July-Dec, Jan-June)	<input type="checkbox"/> Training, Occasional or Substitute Assignment Certification  Fiscal Year: _____ Date(s) Worked: _____ Hour(s) Worked: _____ Description of Activity: _____  <p><b>NOTE:</b> If multiple employees from the same cost center attend a training, this certification could be completed as a cover sheet and the sign-in sheet and agenda could be attached. The sign-in sheet should include training description, funding source(s), employee name, employee number, signature, hours worked, and date(s) of training.</p>
This report is an after-the-fact determination of actual effort expended for the period/date(s) indicated.	

Name	Position

I hereby certify that the individual(s) listed (attach additional sheets as necessary) were eligible for (specify type of payment) per the Board of Education approval or based on the terms of the collective bargaining agreements (e.g. side-letter, MOU, etc.) entered into between the District and the employee's respective labor union.

Name & Title	Signature	Date
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I hereby certify that the individual(s) listed (attach additional sheets as necessary) were eligible to receive the \_\_\_\_\_ paid to them as funded by the listed funding source.

Name & Title	Signature	Date
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LOS ANGELES UNIFIED SCHOOL DISTRICT  
Accounting and Disbursements Division

**PERIODIC CERTIFICATION DURING EXTRAORDINARY CIRCUMSTANCES**

School/Office Name: \_\_\_\_\_

Program Name(s): \_\_\_\_\_ Program Code(s): \_\_\_\_\_

Cost Objective Name, if applicable: \_\_\_\_\_ [e.g., Title I Schoolwide plan (SWP)]

CHECK ONE ONLY	
<input type="checkbox"/> Periodic Certification  Fiscal Year: _____ Period Covered: _____ (e.g. March 16 – June 30)	<input type="checkbox"/> Training, Occasional or Substitute Assignment Certification  Fiscal Year: _____ Date(s) Worked: _____ Hour(s) Worked: _____ Description of Activity: _____  <b>NOTE:</b> If multiple employees from the same cost center attend a training, this certification could be completed as a cover sheet and the sign-in sheet and agenda could be attached. The sign-in sheet should include training description, funding source(s), employee name, employee number, signature, hours worked, and date(s) of training.
<p>I hereby certify that the individual(s) listed below have worked 100% of their time during the period/date(s) specified above under a single funding source (i.e. program code/s) or an approved single cost objective/activity. The <a href="#">Black Student Achievement Plan Final</a> provides an overview and personnel roles and responsibilities.</p> <p>I hereby certify that this report is an after-the-fact determination of actual effort expended for the period/date(s) indicated.</p>	

Name

Position

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

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

Administrator with knowledge of the work performed by the employee(s):

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



LOS ANGELES UNIFIED SCHOOL DISTRICT  
 Accounting and Disbursements Division

**PERIODIC CERTIFICATION DURING EXTRAORDINARY CIRCUMSTANCES**

School/Office Name: \_\_\_\_\_

Program Name(s): \_\_\_\_\_ Program Code(s): \_\_\_\_\_

Cost Objective Name, if applicable: \_\_\_\_\_ [e.g., Title I Schoolwide plan (SWP)]

<b>CHECK ONE ONLY</b>	
<input type="checkbox"/> Periodic Certification  Fiscal Year: _____ Period Covered: _____ (e.g. March 16 – June 30)	<input type="checkbox"/> Training, Occasional or Substitute Assignment Certification  Fiscal Year: _____ Date(s) Worked: _____ Hour(s) Worked: _____ Description of Activity: _____  <b>NOTE:</b> If multiple employees from the same cost center attend a training, this certification could be completed as a cover sheet and the sign-in sheet and agenda could be attached. The sign-in sheet should include training description, funding source(s), employee name, employee number, signature, hours worked, and date(s) of training.
<p>I hereby certify that the individual(s) listed below have worked 100% of their time during the period/date(s) specified above under a single funding source (i.e. program code/s) or an approved single cost objective/activity. The CSR teacher(s) provide direct services, plan and deliver appropriate instruction, provide direct instruction and intervention to address the targeted needs of specific students, and possess knowledge of the multi-tiered approach to instruction/problem-solving model that differentiates instruction for students not meeting grade-level standards.</p> <p>I hereby certify that this report is an after-the-fact determination of actual effort expended for the period/date(s) indicated.</p>	

Name	Position
_____	_____
_____	_____

Administrator with knowledge of the work performed by the employee(s):

_____	_____	_____
Name & Title	Signature	Date

I hereby certify that the individual(s) listed (attach additional sheets as necessary) are Class Size Reduction (CSR) teachers assigned to different schools in grades 4 through 12 per the January 22, 2019 UTLA agreement ([Los Angeles Unified Reaches Agreement with UTLA \(01-22-19\)](#)).

_____	_____	_____
Name & Title (Budget)	Signature	Date



**MULTI-FUNDED TIME REPORT\***  
\*Activities and programs can be edited for specific needs.

Employee Name: \_\_\_\_\_ Class Code: \_\_\_\_\_ Month, Year: \_\_\_\_\_

Employee #: \_\_\_\_\_ Position: \_\_\_\_\_ School/Office: \_\_\_\_\_

Date:	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F
PROGRAM 1: [ENTER PROGRAM NAME HERE]											[ENTER PROGRAM CODE HERE]														
# of Hrs																									
Activity # (s)																									
	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F
PROGRAM 2: [ENTER PROGRAM NAME HERE]											[ENTER PROGRAM CODE HERE]														
# of Hrs																									
Activity # (s)																									
	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F
PROGRAM 3: [ENTER PROGRAM NAME HERE]											[ENTER PROGRAM CODE HERE]														
# of Hrs																									
Activity # (s)																									
	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F
PROGRAM 4: [ENTER PROGRAM NAME HERE]											[ENTER PROGRAM CODE HERE]														
# of Hrs																									
Activity # (s)																									

**\*Categorical Program Funded Activities (1-18) :**

Check with Program Administrator for allowable program activities (based on Federal, State, and/or local requirements) and list below.

- |         |          |
|---------|----------|
| 1 _____ | 10 _____ |
| 2 _____ | 11 _____ |
| 3 _____ | 12 _____ |
| 4 _____ | 13 _____ |
| 5 _____ | 14 _____ |
| 6 _____ | 15 _____ |
| 7 _____ | 16 _____ |
| 8 _____ | 17 _____ |
| 9 _____ | 18 _____ |

**\*General Program Funded Activities (a-i):** Check with

Program Administrator for activities and list below.

- |         |
|---------|
| a _____ |
| b _____ |
| c _____ |
| d _____ |
| e _____ |
| f _____ |
| g _____ |
| h _____ |
| i _____ |

Program Name	Program Code	# of Hours	%
<b>Total</b>			

**Certification:** I certify that the information recorded on this Daily Time Report is true and correct to the best of my knowledge.

Signature of Employee \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_ Date: \_\_\_\_\_

**MULTI-FUNDED TIME REPORT DURING EXTRAORDINARY CIRCUMSTANCES\***

**\*Activities and programs can be edited for specific needs.**

Employee Name: \_\_\_\_\_ Class Code: \_\_\_\_\_ Month, Year: \_\_\_\_\_

Employee #: \_\_\_\_\_ Position: \_\_\_\_\_ School/Office: \_\_\_\_\_

Date:	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	
PROGRAM 1: [ENTER PROGRAM NAME HERE]													[ENTER PROGRAM CODE HERE]													
# of Hrs																										
Activity # (s)																										
PROGRAM 2: [ENTER PROGRAM NAME HERE]													[ENTER PROGRAM CODE HERE]													
# of Hrs																										
Activity # (s)																										
PROGRAM 3: [ENTER PROGRAM NAME HERE]													[ENTER PROGRAM CODE HERE]													
# of Hrs																										
Activity # (s)																										
PROGRAM 4: [ENTER PROGRAM NAME HERE]													[ENTER PROGRAM CODE HERE]													
# of Hrs																										
Activity # (s)																										

**\*Categorical Program Funded Activities (1-18) :**

Check with Program Administrator for allowable program activities (based on Federal, State, and/or local requirements) and list below.

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_

- 10 \_\_\_\_\_
- 11 \_\_\_\_\_
- 12 \_\_\_\_\_
- 13 \_\_\_\_\_
- 14 \_\_\_\_\_
- 15 \_\_\_\_\_
- 16 \_\_\_\_\_
- 17 \_\_\_\_\_
- 18 \_\_\_\_\_

**\*General Program Funded Activities (a-i):** Check with

Program Administrator for activities and list below.

- a \_\_\_\_\_
- b \_\_\_\_\_
- c \_\_\_\_\_
- d \_\_\_\_\_
- e \_\_\_\_\_
- f \_\_\_\_\_
- g \_\_\_\_\_
- h \_\_\_\_\_
- i \_\_\_\_\_

Program Name	Program Code	# of Hours	%
<b>Total</b>			

**Certification:**  I hereby certify that I was not able to work for the programs listed above or other programs during the period/date(s) specified above.

I hereby certify that I was working with a different program during the period/date(s) specified above.

If the second box is checked, timekeepers should enter payroll adjustments to reflect the appropriate program(s) served. If you have questions regarding funding for the appropriate program served, please contact Acctg-Controls@lausd.net.

I certify that the information recorded on this Daily Time Report is true and correct to the best of my knowledge.

Signature of Employee \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_ Date: \_\_\_\_\_

**Federal/State Time Documentation Do's and Don'ts**

<b>PERIODIC CERTIFICATION</b>		
<b>Field</b>	<b>Don'ts</b>	<b>Do's</b>
Period Covered	Although Periodic Certifications must be prepared at least every 6 months, <u>do not</u> indicate July – Dec or Jan – June, if the employee(s) was/were not compensated for the entire period.	Indicate only the months compensated.  For example, if the employee was compensated from Aug 18 – Sep 15 at your location, and was then transferred to another location, indicate Aug – Sep only.
Name	When preparing a Periodic Certification, <u>do not</u> write “see attached” and attach the listing of Fed/State funded employees downloaded from MyLAUSD.  <u>Do not</u> group employees funded from different programs on the same Periodic Certification.	Complete a Periodic Certification for each program. Group employees who are funded under the same federal or state categorical program on the same certification.
Position		There are cases where positions have different titles than the official title or what is listed in SAP/BTS. Indicate the official title in addition to the non-official title.  For example, an employee who is a “ASMT, NONCLSRM, PREP” may also be called a Program Director – both “Director” and “ASMT, NONCLSRM, PREP” may be indicated to avoid confusion.
Program Codes	If filling out a Periodic Certification due to single cost objective, and listing multiple programs, it is not required to indicate the percentage of each programs that the employee is paid.	
Signature	<u>Do not</u> leave the form unsigned.	For a Periodic Certification, do have the responsible supervising official with full knowledge of the activities sign the form.
Date Signed	<u>Do not</u> leave the date blank.  <u>Do not</u> date the certification early.	To determine whether the certification was prepared timely, date must be noted.  Certification must be dated near the end of the period covered.  For example, first semester certification can be dated the last day worked (Dec. 19) or end of the certification period (Dec. 31) or a few days after (Jan. 10), but no later than Jan. 31. The idea is to certify that the employee worked and was paid by the said program after-the-fact.

**Federal/State Time Documentation Do's and Don'ts**

<b>MULTI-FUNDED TIME REPORT (MFTR)</b>		
<b>Field</b>	<b>Don'ts</b>	<b>Do's</b>
Programs	<u>Do not</u> leave the program(s) blank.	Do list all programs, regardless of the source.  For example, if the employee is paid by S046 (Federal Fund) and 3027 (General Fund), indicate both programs, even though one of the programs is not Federal or State funds.
Hours	<u>Do not</u> reflect budgeted hours.	Do reflect actual hours.
Percentage	<u>Do not</u> leave the percentage(s) blank.	Do total the percentages. The percentages should add up to 100%.
Signature	<u>Do not</u> leave the form unsigned.	For a MTFR, do have the employee <u>and</u> responsible supervising official with full knowledge of the activities <u>sign</u> the form.
Date Signed	<u>Do not</u> leave the date blank.  <u>Do not</u> date the certification early.	To determine whether the certification was prepared timely, date must be filled out.  Certification must be dated near the end of the period covered.  For example, pay period month October cannot be signed Oct. 1 (beginning of the month), but rather Oct. 31 (end of the month) or a few days after (Nov. 2). The idea is to certify that the employee worked and was paid by the said program after-the-fact.



**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
***Overtime Request Form***

**REQUEST FOR PRE-APPROVAL TO WORK OVERTIME**

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

Requested Date(s) \_\_\_\_\_ Estimated  
Total Hours: \_\_\_\_\_

Reason for Overtime (Project/Activity): \_\_\_\_\_

Overtime Charged to Fund: \_\_\_\_\_ Program Code: \_\_\_\_\_ Name of Program Code: \_\_\_\_\_

(If funding source is from a federal or state categorical program, activities performed must be an allowable cost.)

APPROVED BY: \_\_\_\_\_ Date: \_\_\_\_\_ Total Est. Hours Approved: \_\_\_\_\_  
Supervisor

**The information below is to be completed by the employee after prior approval has been obtained and overtime work is completed.**

**OVERTIME REPORT**

Date(s) Worked: \_\_\_\_\_ Actual Hours Worked: \_\_\_\_\_

I hereby certify that the overtime worked was solely (100%) related to activities for the above program.

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

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
Administrator

LOS ANGELES UNIFIED SCHOOL DISTRICT  
Accounting and Disbursements Division

ADMINISTRATOR ASSURANCES

Period Ending \_\_\_\_\_ Fiscal Year \_\_\_\_\_  
(e.g. July-Dec, Jan-June)

School/Office \_\_\_\_\_

I hereby certify that I have obtained the appropriate supporting documentation, as outlined in this bulletin, for those employees who were paid using federal and/or state categorical funds. All necessary adjustments have been entered in the payroll system so that actual hours worked are properly reflected.

These documents have been retained by the time-reporter at my location and are available for review.

\_\_\_\_\_  
Administrator's Name

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date

A copy of this signed assurance must be sent to your Region Administrator of Operations or Division Administrator by January 31<sup>st</sup> and July 31<sup>st</sup> of each fiscal year.

LOS ANGELES UNIFIED SCHOOL DISTRICT  
Accounting and Disbursements Division

REGION ADMINISTRATOR OF OPERATIONS /  
DIVISION ADMINISTRATOR ASSURANCES

I hereby certify that:

I have received the Administrator Assurances form from each school within my Region or each office under my responsibility and that the appropriate supporting documentation as outlined in this bulletin has been obtained.

\_\_\_\_\_  
Region or Division Name

\_\_\_\_\_  
Region Administrator of Operations /  
Division Administrator Name

\_\_\_\_\_  
Region Administrator or Operations /  
Division Administrator Signature

\_\_\_\_\_  
Date

Please email a copy to [Acctg-Controls@lausd.net](mailto:Acctg-Controls@lausd.net) or you may fax a copy of this signed assurance to the Accounting Controls and Oversight Branch at (213) 241-6829 and/or (213) 241-4810 by February 15th and August 15th of each fiscal year.