

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 st) and last working day of June (but no later than July 31 st).	Administrator/supervisor with firsthand knowledge of the work performed by the employee(s).
Combination of Federal/State Funds but NOT 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 st) and last working day of June (but no later than July 31 st). 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

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 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.				