

**Southern Minnesota Special Education Consortium  
TIME AND EFFORT CERTIFICATION**

This form is used by employees who are required that work coincides with funding. Reporting of time and effort is required if the staff member is funded by a Federal program. This record will be completed each pay period and kept on file at the district level for audit purposes.

District Name: \_\_\_\_\_

Staff Name/Title: \_\_\_\_\_

PAR for Pay Period: \_\_\_\_\_  
Month/Day/Year to Month/Day/Year

Days worked this pay period: \_\_\_\_\_ Days \_\_\_\_\_

Sped time per day: \_\_\_\_\_ District time per day: \_\_\_\_\_

Amount of District time this pay period: \_\_\_\_\_ Days \_\_\_\_\_  
Percent \_\_\_\_\_

Finance Code: \_\_\_\_\_

Amount of Special Education this pay period: \_\_\_\_\_ Days \_\_\_\_\_  
Percent \_\_\_\_\_

Finance Code: \_\_\_\_\_

Amount of Private School Special Education Time: \_\_\_\_\_ Days \_\_\_\_\_  
Percent \_\_\_\_\_

Special Education Duties performed for this pay period: \_\_\_\_\_  
\_\_\_\_\_

Signatures indicate that to the best of our knowledge the employee and supervisor certify that the above duties were performed as described.

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_