

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 _____

Special Education Duties performed for this pay period: _____

As demonstrated by my signature, I certify that I worked 100% of my time in Special Education programs.

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: _____

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District Name: _____

Use the district that holds your contract.

Staff Name/Title: _____

PAR for Pay Period: _____

Month/Day/Year to Month/Day/Year

From 1st contract day of year to last day before break in December. Include district staff development days, but not SMEC staff development days. Or First day back in January to last contract day.

Days worked this pay period: _____

Days _____

Include any sick or professional days where you were still paid.

Special Education Duties performed for this pay period: _____

Teaching, special education due process for services, IEP's, and evaluations.

As demonstrated by my signature, I certify that I worked 100% of my time in Special Education programs.

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: _____