

ADMINISTRATIVE CIRCULAR NO. 62

Office of the Chief Financial Officer

SAN DIEGO UNIFIED SCHOOL DISTRICT

Date: March 27, 2015

To: Principals, Division and Department Heads

Subject: TIME ACCOUNTING CERTIFICATION REPORT (TAC)
JUNE THROUGH DECEMBER 2014

Due Date: May 15, 2015

Reference: OMB circular A-87, Education Code Section 52853

Action Requested: Review and sign time certification report confirming the job code description, resource used to pay employees, and months they worked.

Return form by May 15, 2015 to:
Financial Planning, Monitoring and Accountability
Education Center, Room 3126
Attention: Marcellus Walker

Attachment 1 Example Time Accounting Certification Report

Brief Explanation:

Beginning January 1, 2011, a revised process was established to obtain time certification information for the district. Each employee that is funded from categorical resources will be listed in the report for each month worked along with the resource used to pay them. **The report may include any hourly work charged to categorical resources.**

The Principal, Division or Department head (supervisor) will be responsible for completion of the report. Review the report to ensure all employees funded from categorical resources are listed on the 2014 Time Accounting Certification Report. The supervisor must have first-hand knowledge of the duties performed and the salary funding source per employee.

The Time Accounting Certification Report is an extremely critical process to the State and Federal Agencies. **It is imperative that the reports are complete and accurate. Failure to complete the certification report may jeopardize the district's ability to preserve federal or state funding.**

Beginning this year, you will receive an email with a copy of this circular, an example of the Time Accounting Certification (Attachment 1), and your Time Accounting Certification Report listing all employees at your site.

Action to be taken by the Supervisor (Principals, Division and Department Heads):

- Print the Time Accounting Certification Report and review it to ensure that all employees are reported with the appropriate distribution of funding indicated.
- If an employee is listed in error or missing, note the correction on the report and follow-up with the appropriate PAR to correct any funding errors.
- Supervisor's signature is required to certify employee worked months listed. (see Att 1)
- Supervisor's signature is required at the bottom of each page.

Supervisors cannot certify their work; the page(s) must go to the next level of authority, i.e. Director goes to Branch head, Principals go to their Area Superintendents, etc.

- Send page(s) to your next level of authority to certify each month(s) listed. (see Att 1)
- Send completed Time Accounting Certification Report **with original signatures** to:
Attention: Marcellus Walker
Financial Planning, Monitoring and Accountability
Education Center, Room 3126
Due by May 15, 2015
- **Maintain a copy of the Time Certification Report for seven (7) years.**

Please do not send the report back incomplete. Questions regarding this procedure should be directed to:

Marcellus Walker
Phone (619) 725-7175
E-Mail mwalker@sandi.net

Vikki Henton
Director
Financial Planning, Monitoring and Accountability

APPROVED:



Jenny Salkeld
Chief Financial Officer
Office of Chief Financial Officer

VH:mdj²

Attachment

**Peoplesoft
 TIME ACCOUNTING CERTIFICATION**

Report id: adm999
 Location: 0999A

to

**Supervisor
 SIGN and DATE each
 month to certify
 employee worked**

Dept	Emplid	Name	Jobcode	Descrip	FTE	Resource/Descr	Dist%	Month		
0999	000000	0	Iduh Clare	0000	Clerical	0.000000	30100 Title I Basic Program	*H	July	<u>John Doe 03/26/15</u>
								*H	September	<u>John Doe 03/26/15</u>
0999	000000	0	Jane Smith	0000	Teacher	1.000000	30100 Title I Basic Program		July	<u>John Doe 03/26/15</u>
									August	<u>John Doe 03/26/15</u>
									September	<u>John Doe 03/26/15</u>
0999	000000	0	Fudd, Elmer	2040	Teacher	1.000000	30100 Title I Basic Program		July	NOT AT THIS SITE
									August	NOT AT THIS SITE
0999	000000	0	Red Waters	0000	Clerical	1.000000	30100 Title I Basic Program		July	<u>John Doe 03/26/15</u>
									August	
									September	
									October	
									November	
									December	
0999	000000	0	Ifya Remember	0000	Teacher	1.000000	30100 Title I Basic Program		July	<u>John Doe 03/26/15</u>
									August	<u>John Doe 03/26/15</u>
									September	<u>John Doe 03/26/15</u>
									November	<u>John Doe 03/26/15</u>
									December	<u>John Doe 03/26/15</u>

SEND TO NEXT LEVEL OF AUTHORITY TO CERTIFY THE MONTHS SUPERVISOR WORKED

0999 00000 JOHN DOE 0000 Principal/ 1.000000 30100 Title I Basic 100.0%
 Manager Program

September
 October
 November
 December

**SUPERVISOR'S
 DO NOT SIGN FOR
 YOURSELF**

***** Keep copies of records on site for 7 years from today's date *****

I hereby certify that this report is an after-the-fact determination of actual effort expended for the period indicated and I have full knowledge of 100 percent of these activities
 Supervisory official having first-hand knowledge of the activity performed by the employee.

Signature: _____

John Doe

Principal/Manager Signature

**Supervisor
 SIGN and DATE
 BOTTOM of each report**

Date: 03/26/15
