ADMINISTRATIVE CIRCULAR NO. 58

Office of the Chief Financial Officer

SAN DIEGO UNIFIED SCHOOL DISTRICT

Date: February 24, 2017

To: Principals, Area Superintendents, Division and Department Heads

Subject: TIME ACCOUNTING CERTIFICATION (TAC) REPORT

JULY THROUGH DECEMBER 2016

Due Date: March 10, 2017

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

Action Requested: Review and sign the Time Accounting Certification (TAC) report

confirming the job code description, resource used to fund the employee,

and the months worked by the employee.

Return July – December 2016 TAC report with original signatures to:

Financial Planning, Monitoring and Accountability

Attention: Marcellus Walker Education Center, Room 3150

Due by March 10, 2017

Attachment 1: Example - Time Accounting Certification (TAC) 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 Time Accounting Certification report may include any hourly work charged to categorical resources.

The Principal, Division or Department head (supervisor) will be responsible for completion of the TAC report. Review the report to ensure all employees funded from categorical resources are listed on the **2016 Time Accounting Certification (TAC) report.** The supervisor must verify the duties performed and the salary funding source per employee.

The Time Accounting Certification (TAC) 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.

You will receive an email with a copy of this circular, an example of the Time Accounting Certification (see Attachment 1), and your cost center's Time Accounting Certification (TAC) report listing all employees at your site funded from **categorical resources**. Review the entire report carefully. If an employee is listed in error, note the correction on the TAC report.

Action to be taken by the Supervisor (i.e., Principals, Division or Department Heads):

- Print the Time Accounting Certification (TAC) 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.
- Signature is required to certify an employee worked the months on the TAC report. Supervisor's signature is required next to **each month** on the TAC report. (see Attachment 1)
- Supervisor's signature is **required at the bottom of each page of the TAC report**.

 Note: Supervisors cannot certify their own 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 you work. See example of alternative signing methods in Attachment 1.
- Send the completed Time Accounting Certification (TAC) report to: Financial Planning, Monitoring and Accountability department Education Center - Room 3150 Attention: Marcellus Walker
- Maintain a copy of the signed Time Accounting Certification (TAC) report for seven years.

Please do not send the TAC report back incomplete. Questions regarding this procedure should be directed to **Marcellus Walker** via e-mail mwalker@sandi.net or call (619) 725-7175.

Vikki Henton Director Financial Planning, Monitoring and Accountability

APPROVED:

Patricia Koch, Ph.D.

Interim Chief Financial Officer Office of Chief Financial Officer

VH:mdj²

Attachment

Peoplesoft TIME ACCOUNTING CERTIFICATION

SUPERVISOR
SIGN and DATE IN INK
to VERIFY each month
employee worked

Attachment 1 TAC Example

Page No. 1 Run Date 02/11/17 Run Time 10:30:17

Location:		0999A		to					Run Time	
Dept	Emplid		Name	Jobcode	Descrip	FTE	Resource/Descr	Dist%	Month	10:30:17 NO PENCIL
0999	000000	0	Iduh Clare	0000	Clerical	0.000000	30100 Title I Basic Program	*H *H	July September	*John Doe 3/31/17
0999	000000	0	Jane Smith	0000	Teacher	1.000000	30100 Title I Basic Program	100.0%	July September	
0999	000000	0	Fudd, Elmer	2040	Teacher	1.000000	30100 Title I Basic Program	100.0%	October	NOT AT THIS SITE
0999	000000	0	Red Waters	0000	Clerical	1.000000	30100 Title I Basic Program 30100 Title I Basic Program	100.0%	September July August	NOT AT THIS SITE *John Doc 3/31/17
						Si	*Alternative Signa gn first month; then draw the months that follow.	line through	September October November December	
0999	000000	0	IfYa Remember	0000	Teacher	1.000000	30100 Title I Basic Program	100.0%	July August	
SU	PERVISOR'	s,	SEND TO YOU	R NEXT I	EVEL OF A	UTHORITY	TO VERIFY THE MONTHS YOU		September October November	
0999	00000	1	JOHN DOE	0000	Principa Managei	al/ 1.00000	0 30100 Title I Basic Program	100.0%—	August	DO NOT SIGN FOR Yourself

I hereby certify that this report is an after-the-fact determination of actual effort expanded 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

adm999

Report id:

Supervisor
SIGN and DATE
BOTTOM of each report
INK only - NO pencil

▶ Date: <u>04/12/17</u>

Contact Marcellus Walker If you have questions.