**Adult Education -- Quick Reference Guide**

**Time and Effort/Personnel Schedule Requirements**

The federal law requires all employees, including teachers, paraprofessionals, and other staff that are paid with federal funds to document the time and effort they spend within that program. The portion of the federally paid salary should be reflective of the time and effort the individual has put forth for that federal program.

The purpose of documenting time and effort is to ensure that a program does not use adult education funds to compensate an employee for time spent on any other program.

**There are 3 documentation options; staff fully funded with federal funds and having a fixed daily/weekly schedule, staff funded by more than one funding source, and staff who are fully federally funded with an irregular schedule.**

* Staff funded **by more than one funding source** or who are **fully federally funded on an** **irregular** **schedule** must keep a time and effort log and time sheet which must be signed every month.
* For those individuals with a salary that is **fully federally-funded** and they have a **regular, fixed daily schedule** with the adult education program, an assurance must be signed at least every six months. The individual and their supervisor must both sign the assurance after the time has occurred. This certification should also include documentation of time spent on the federal program (copy of daily planner, schedules, time sheets, daily logs, etc.). Programs that have fully funded federal personnel must maintain an assurance every six months (at a minimum) documenting that staff have worked solely for the one particular federal program.

When addressing this requirement, programs are responsible to keep documentation that outlines how the time and effort requirements are met for all staff being paid with federal funds either using a time documentation schedule or time and effort log. All positions will need to maintain an assurance of time.

**Assurances, certifications, time and effort logs, and schedules will be requested and reviewed when programs are monitored by the RIDE.**

j0196532

**You will need to know:**

* Names of individuals being paid with federal adult education funds
* Funding sources used to compensate staff
* Staff members positions, # of hours worked and scope of services provided
* Staff Schedules ( 3 options) fully funded with federal funds-fixed schedule, funded by more than one source or federally funded with an irregular schedule)



**Documentation to keep on file:**

* Organized evidence or documentation that all staff being paid with federal funds have documented their time and effort (daily, monthly, quarterly or by periodic certification)
* Documentation of adult education staff time spent on the federal program (copy of daily planner, schedules, time sheets, daily logs, etc)
* Signed time and effort logs- monthly basis minimum
* Signed semi-annual certification(for staff fully federally funded) (if applicable)
* Fixed Schedule form for staff paid by more than one funding source but has a fixed daily schedule.

(April 2011)

**Template for Assurance of Time**

From \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Start Date) (End Date) (Employee Name)

spent \_\_\_\_\_\_ of his/her time on adult education program activities as evidenced

(FTE) by the enclosed schedule.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Employee Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Supervisor Date

*\*Signatures must be dated AFTER the last date of service.*

**Semi-Annual Certification**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Adult Education Program Name: | | | Federal Program: | | | Six-Month Period: | through | | Month/Year | Month/Year | |

I certify that the employee(s) listed below worked 100% of their time on activities authorized by the federal program state above.

*Signatures must be dated AFTER the last date of service.*

|  |  |  |
| --- | --- | --- |
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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employee Name** | **Title** | **Employee** **Signature**   |  |  | | --- | --- | |  |  | | **Date** |
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\*Supervisor’sSignature

Date

**This form is to be completed every six months for any employee who is paid solely with federal funds from a single federal grant**.