

EXAMPLE

**Supervisor
SIGN and DATE in INK
only each month to
certify employee worked**

**Peoplesoft
TIME ACCOUNTING CERTIFICATION**

Report id: adm999

Location: Dept	Emplid	0999A Name	Jobcode	Descrip	FTE	to Resource/Descr	Dist%	Month	Run Time 10:30:17
0999	000000	0	Iduh Clare	0000	Clerical	0.000000	30100 Title I Basic Program	*H January *H March	<u>INK ONLY - NO PENCIL</u> <u>John Doe 2/18/17</u> <u>John Doe 2/18/17</u>
0999	000000	0	Jane Smith	0000	Teacher	1.000000	30100 Title I Basic Program	100.0% 100.0% 100.0%	January March April <u>John Doe 2/18/17</u> <u>John Doe 2/18/17</u> <u>John Doe 2/18/17</u>
0999	000000	0	Fudd, Elmer	2040	Teacher	1.000000	30100 Title I Basic Program	100.0%	January March <u>NOT AT THIS SITE</u> <u>NOT AT THIS SITE</u>
0999	000000	0	Red Waters	0000	Clerical	1.000000	30100 Title I Basic Program	100.0%	January February March April May June <u>John Doe 2/18/17</u>
0999	000000	0	Ifya Remember	0000	Teacher	1.000000	30100 Title I Basic Program	100.0%	January February March <u>John Doe 2/18/17</u> <u>John Doe 2/18/17</u> <u>John Doe 2/18/17</u>

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

0999	00000	JOHN DOE	0000	Principal/ Manager	1.000000	30100 Title I Basic Program	100.0%	January February March April	<u>John Doe 2/18/17</u> <u>John Doe 2/18/17</u> <u>John Doe 2/18/17</u> <u>John Doe 2/18/17</u>
								April May	<u>John Doe 2/18/17</u> <u>John Doe 2/18/17</u>
								January February March April	SUPERVISOR 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 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

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

Date: 10/23/17
