

ADMINISTRATIVE CIRCULAR NO. 112

Office of School Site Support

SAN DIEGO CITY SCHOOLS

Date: May 6, 2005

To: Principals and Division and Department Heads

Subject: TIME ACCOUNTING CERTIFICATION
(JANUARY 2005-JUNE 2005)

**Department and/or
Persons Concerned:** All positioned employees entirely and/or partially funded from federal and state categorical funds

Due Date: June 4, 2005

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

Action Requested: Complete a semiannual or a monthly certification, as applicable, that documents the duties performed and time spent for each funding source. **Return forms to the Budget Operations Department.**

Brief Explanation:

All positioned employees funded entirely or partially from a federal or state categorical program must complete the 2004-2005 Time Accounting Certification. If entirely funded by federal or state categorical funds, complete a semi-annual certification. If partially funded by federal or state categorical funds, please complete monthly certifications.

Failure to complete the certifications may jeopardize the district's ability to preserve federal and state funding.

Under separate cover, you will receive a copy of this circular with individual Time Accounting Certifications (January 2005-June 2005) for employees at your site who are currently funded entirely or partially from federal or state categorical programs. A roster summarizing the employees included in the survey will be attached with the individual certifications. The electronic distribution of this circular is accompanied by a generic example of the attachment. **Please maintain a copy of the completed certification at the site.**

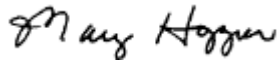
Actions to be taken

- Principal/department head distributes certification forms to designated employees.
- Employees complete, sign, and return certifications to principal/department head.
- Principal/department head reviews certification for completeness, signs and retains a copy at the site.
- **Principal/department head returns all certifications with the certified list to Katheryn Wester, Budget Operations Department, Eugene Brucker Education Center, Room 3141, no later than June 1, 2005.**

Questions regarding this procedure should be directed to Debbie Foster, budget supervisor at (619) 725-7646 or Linda Dusharme, program manager in the Planning and Accountability Department at (858) 496-4048.

Scott H. Patterson
Chief Financial Officer
Financial Operations Division

APPROVED:



Mary Hopper
Chief Administrative Officer

MH:SHP:mmr

Attachment

Distribution: Special

SAMPLE

SAN DIEGO CITY SCHOOLS

Office of School Site Support
Financial Operations Division

Time Accounting Certification

Period: January-June, 2005
Employee I.D.: 000000

Fiscal Year: 2004-2005
School or Department Name: ABC School

Name: Jane Smith

<u>Resource</u>	<u>Percent of Effort</u>	<u>Describe the duties you perform in each program shown below:</u>
31711 Title I Program Improvement	100%	From January 1, 2005, until June 30, 2005, Jane Smith spent 100% of her time on Title I Program Improvement. (Example)
	OR	(Add and date any modifications to your duties during the six month period).
30103/40351 Title I Parent Involvement / Title II No Child Left Behind	50% / 50%	For the month of May, 2005, Jane Smith spent 50% of her time on Title I Parent Involvement and 50% of her time on Title II No Child Left Behind. (Example)
		(Add and date any modifications to your duties during the six month period).
	100.00%	Total Effort

<u>Month</u>	<u>Employee Signature/Date</u>	<u>Responsible Official Signature*/Date</u>
January, 2005	_____	_____
February, 2005	_____	_____
March, 2005	_____	_____
April, 2005	_____	_____
May, 2005	_____	_____
June, 2005	_____	_____

RETURN EXECUTED ORIGINAL TO: Mark Curtis, Budget Operation Department,
Eugene Brucker Education Center, Room 3141

RETAIN A COPY IN SCHOOL/DEPARTMENT ON-SITE FILE UNTIL JUNE 30, 2010.

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.			
_____	_____	_____	_____
Employee	Date	Responsible Official*	Date

* Supervisory official having first-hand knowledge of the activity performed by the employee.