



Mt. San Jacinto Community College
Time and Effort Certification Instructions

Purpose: Salaries, wages, and other personnel compensation charged to projects sponsored by external funding sources through grants or other agreements must be consistent with the *actual* percentage of effort given by each employee, including charges to institutional accounts used to meet matching commitments, and must be supported by certified records.

All College employees paid in any payroll period, in whole or in part, from a federally funded grant, or whose salary is used as match for a federally funded grant, must complete a *Time and Effort (T&E) Certification Form* for that payroll period. This form must show 100% of the time worked for that payroll period, and the percentage of effort actually given (based on hours) to each source of funding (account). The *T&E Certification* form should be completed and submitted along with the employee's timesheet.

Time and Effort Certification Due Date: Completed time and effort certification forms are due to the reviewing supervisor at the completion of the certification period. The certification period coincides with the timesheet reporting period of each employee group OR the "actual" payroll period (if timesheets are not required i.e., FT faculty & Administrators). For example, a student worker whose timesheet reporting period begins the 12th of the month and ends on the 11th of the following month, and who is paid in whole or in part, from a federally funded grant, will complete and submit a time and effort certification form, along with their timesheet, to their supervisor on the 11th of each month. The Supervisor will review and sign the time and effort certification form, scan and email a copy of the form to the Categorical Accountant, and file the original form in the program files. Properly completed and approved timesheets are submitted to the payroll office.

The Time and Effort Certification form is available on-line at: www.msjc.edu/grants/resources.

Certification Period: Insert the start and end dates of the certification period. These dates must coincide with your timesheet reporting period OR your "actual" payroll period (if you do not submit timesheets i.e., FT faculty & Administrators)

Employee ID#: Enter your employee number.

Employee Name: First name and Last name.

Position Title and Telephone: Enter your position title as identified by the Human Resources Department; work telephone number and/or extension.

CFDA #: Applicable to Federal grants only. The Catalog of Federal Domestic Assistance number (CFDA) is located on the grant award notice (GAN).

Award #: The Federal award number is a 10 – 16 digit number located on the grant award notice (GAN) or the grant agreement document. State grants may list "agreement" numbers.



**US Department of Education
Washington, D.C. 20202
GRANT AWARD NOTIFICATION**

P031S150055

1	RECIPIENT NAME Mt. San Jacinto Community College District 1499 N. State Street San Jacinto, CA 92583 - 3354	2	AWARD INFORMATION PR/AWARD NUMBER P031S150055 ACTION NUMBER 0 ACTION TYPE New AWARD TYPE Discretionary
3	PROJECT STAFF RECIPIENT PROJECT DIRECTOR Rebecca Teague (951) 487-3072 rteague@msjc.edu EDUCATION PROGRAM CONTACT Njeri M Clark (202) 502-7763 njeri.clark@ed.gov EDUCATION PAYMENT HOTLINE 888-336-8930 HELPSDESK edcaps.user@ed.gov	4	PROJECT TITLE 84.031S Mt. San Jacinto College HSI Title V

THIS FORM MAY NOT BE REPLICATED AND UNDER NO CIRCUMSTANCES CAN THE LANGUAGE BE ALTERED															
BOG, California Community Colleges Chancellor's Office - 6870 Grant Agreement Workforce and Economic Development Enrollment Growth for Associate Degree Nursing Program RFA # 14 - 179	<table border="1" style="width: 100%;"> <tr> <th colspan="2" style="text-align: center;">DISTRICT USE ONLY</th> </tr> <tr> <td>District (Grantee):</td> <td>Mt. San Jacinto CCD</td> </tr> <tr> <td>College:</td> <td>Mt. San Jacinto College</td> </tr> <tr> <th colspan="2" style="text-align: center;">BOG-CCCCO USE ONLY</th> </tr> <tr> <td colspan="2">Grant Agreement No.: 15 - 179 - 026</td> </tr> <tr> <td>Funding Fiscal Year</td> <td>2015-16</td> </tr> <tr> <td>Total Amount Encumbered :</td> <td>\$ 146,687</td> </tr> </table>	DISTRICT USE ONLY		District (Grantee):	Mt. San Jacinto CCD	College:	Mt. San Jacinto College	BOG-CCCCO USE ONLY		Grant Agreement No.: 15 - 179 - 026		Funding Fiscal Year	2015-16	Total Amount Encumbered :	\$ 146,687
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% Allocable: **No fill – auto computes** based on information placed in the # of Hours box. Note: Total of combined % allocable must equal 100%.

Account code from approved HRSR: List the appropriate MSJC 22 digit account number (e.g., xx-xxx-xxxx-x-xxxx-xxxx-xxxx) for each grant funded project, as well as any institutional work, for which you are reporting time and effort.

Match: Mark appropriate box (yes or no) to indicate whether any of the work you have completed during the certification period is to be counted towards a Federal match requirement.

Description of Activities/# of Hours Worked: Enter the name of the project (i.e., Upward Bound, Title V, STEM, etc.), a description of all activities/tasks performed during the certification period for that project, and the total paid hours allocable to that project. Continue to complete a row for each funded project or any “institutional” time allocable. Please note: Leave hours must be equitably allocated to all related activities; including Federal awards. If all of your activity before leave hours is 80% allocable to a Federal award, then 80% of your leave hours are allocable to the Federal award.

Example: Jane worked a total of 160 hours and took 10 hours of vacation for the certification period. Jane had 120 hours of activity on a Federal award. The total amount of vacation allocable to the Federal award is 75% (120/160). The total hours allocable to the award are 7.5 (10 hours x 75%). The certification would show 127.5 hours / 170 hours charged to the Federal award, and 42.5 hours charged to a different grant award or the District.

Partial hours should be listed as 1.50 for 90 minutes, 1.25 for one hour and fifteen minutes, etc.

Total Hours: No fill, auto computes.

Employee Signature: Unless set up for electronic signature, print, sign, and date completed form.

Reviewing Supervisor Name, Title, and Signature: Supervisors assert that they have firsthand knowledge of all work performed by the employee and that the time distribution represents a reasonable estimate of the work performed during the certification period.

The Supervisor, with assistance from Business Services, is responsible to ensure that the payroll expenditure posted in the financial ledgers is consistent with the amount of effort reported on the *T&E Certification* form. Note, however, that variances in any one certification period need not be adjusted if the differences will be accommodated by variances in past or future certification periods – and this situation is clearly described (attached separate sheet of paper to the T & E Certification form to provide a detailed explanation).

The completed and signed *T&E Certification* form shall be forwarded to MSJCs Categorical Accountant by scanned pdf attachment to an e-mail.

Questions concerning the *T&E Certification* form, or the process, should be addressed to Regina Howard, Supervisor, Institutional Effectiveness, Planning, Research, and Grants or Elaine McCallen, Categorical Accountant.

MT. SAN JACINTO COMMUNITY COLLEGE DISTRICT TIME AND EFFORT CERTIFICATION FORM

CERTIFICATION PERIOD:			FROM:				TO:			
Employee ID#:			Employee Name:							
Position Title:			Phone:							
CFDA#	Award #	% Allocable	Account code from approved HRSR						Match	
									Yes <input type="checkbox"/> No <input type="checkbox"/>	
Description of Activities									# of Hours	
CFDA#	Award #	% Allocable	Account code from approved HRSR						Match	
									Yes <input type="checkbox"/> No <input type="checkbox"/>	
Description of Activities									# of Hours	
CFDA#	Award #	% Allocable	Account code from approved HRSR						Match	
									Yes <input type="checkbox"/> No <input type="checkbox"/>	
Description of Activities									# of Hours	
									Total Hours:	
Total hours worked MUST equal 100% of employee's TOTAL assigned hours AND total of combined percentage of time MUST equal 100% for ALL activities performed.										

I certify that the above distribution of my time and effort represents a reasonable estimate of ALL work performed by me during the time-frame indicated.

_____ Date
Employee Signature

I certify that I have firsthand knowledge of all the work performed by the above employee and that the stated time distribution represents a reasonable estimate of the work performed during the time-frame indicated.

Supervisor Signature Date

Project Director Signature Date