

**Peoplesoft
TIME ACCOUNTING CERTIFICATION**

Report id: adm999
Location: 0999A to

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

Dept	Emplid	Name	Jobcode	Descrip	FTE	Resource/Descr	Dist%	Month		
0999	000000	0	Iduh Clare	0000	Clerical	0.000000	30100 Title I Basic Program	*H	January	INK ONLY - NO PENCIL <i>John Doe 7/15/16</i>
								*H	March	
0999	000000	0	Jane Smith	0000	Teacher	1.000000	30100 Title I Basic Program	100.0%	January	<hr/> <hr/> <hr/> <hr/>
								100.0%	March	
								100.0%	April	
0999	000000	0	Fudd, Elmer	2040	Teacher	1.000000	30100 Title I Basic Program	100.0%	January	NOT AT THIS SITE NOT AT THIS SITE
								1.000000	March	
0999	000000	0	Red Waters	0000	Clerical	1.000000	30100 Title I Basic Program	100.0%	January	<i>John Doe 7/15/16</i>
									February	
									March	
									April	
									May	
									June	
0999	000000	0	Ifya Remember	0000	Teacher	1.000000	30100 Title I Basic Program	100.0%	January	<hr/> <hr/> <hr/> <hr/> <hr/>
									February	
									March	
									April	
									May	

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%
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January	SUPERVISOR'S DO NOT SIGN FOR YOURSELF Next Level Signs
February	
March	
April	

***** 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 expended 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 **Supervisor SIGN and DATE BOTTOM of each report INK only - NO pencil** Date: 07/26/16
