

SUPERVISOR
SIGN and DATE IN INK
to VERIFY each month
employee worked

Peoplesoft
TIME ACCOUNTING CERTIFICATION

Report id: adm999
Location: 0999A to

Dept	Emplid	Name	Jobcode	Descrip	FTE	Resource/Descr	Dist%	Month	NO PENCIL
0999	000000	0	Iduh Clare	0000	Clerical	0.000000	30100 Title I Basic Program	*H July	<i>*John Doe 3/31/17</i>
							*H September		
0999	000000	0	Jane Smith	0000	Teacher	1.000000	30100 Title I Basic Program	100.0% July	
							100.0% September		
							100.0% October		
0999	000000	0	Fudd, Elmer	2040	Teacher	1.000000	30100 Title I Basic Program	100.0% July	NOT AT THIS SITE
							30100 Title I Basic Program	100.0% September	NOT AT THIS SITE
0999	000000	0	Red Waters	0000	Clerical	1.000000	30100 Title I Basic Program	100.0% July	<i>*John Doe 3/31/17</i>
							August		
							September		
							October		
							November		
							December		
0999	000000	0	IfYa Remember	0000	Teacher	1.000000	30100 Title I Basic Program	100.0% July	
							August		
							September		
							October		
							November		

***Alternative Signature Method:**
Sign first month; then draw line through
the months that follow. See Example

SUPERVISOR'S, SEND TO YOUR NEXT LEVEL OF AUTHORITY TO VERIFY THE MONTHS YOU WORKED.
0999 00000 JOHN DOE 0000 Principal/ 1.000000 30100 Title I Basic 100.0%
Manager Program

August **DO NOT SIGN FOR Yourself**
Contact Marcellus Walker
If you have questions.

***** 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
Principal/Manager Signature

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

Date: 04/12/17
