MONTHLY DCCCD TIME AND EFFORT REPORT

##### FOR GRANT-FUNDED EMPLOYEES

***This report is to be completed and signed/certified at the end of each MONTH or PAY PERIOD***

***and kept on file at the appropriate college/location grant project office.***

#### Section I: Identification and Summary Information

#### Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Colleague ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/Year: \_\_\_\_\_\_\_\_\_\_\_**

**Check one: FULL-TIME \_\_\_\_ Check one: ADMINISTRATOR \_\_\_\_**

**LIMITED FULL-TIME \_\_\_\_ PROFESSIONAL SUPPORT \_\_\_\_**

**PART-TIME \_\_\_\_ FACULTY \_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Funding Source Agency Name/ FLD/ % Time # Required Hrs # Actual Hrs**

 **Grant Name Division/ Funded This Month This Month As**

 **Payroll Acct. Work/Leave/Hol**

**1. Grant/Contract #: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 13-\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Start/End Dates: \_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Acct. -\_\_\_\_\_\_**

**2. Institutional/Matching Fund: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 11-\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Acct. -\_\_\_\_\_\_**

 **(Total = 100%) Total: \_\_\_\_\_\_\_ Total: \_\_\_\_\_\_\_**

 **(should match**

 **Section III**

**Monthly Total)**

**IMPORTANT: REVIEW AND ATTACH CURRENT STATEMENT(S) OF DEFINED WORK RESPONSIBILITIES.**

**NOTE HERE ANY EXCEPTIONS TO YOUR DEFINED WORK RESPONSIBILITIES THIS MONTH.**

**(IF 100% OF YOUR WORK SUPPORTS A SINGLE GRANT PROJECT, AFFIRM HERE; SECTION III IS THEN OPTIONAL.)**

(Supervisors: Significant and/or repeated exceptions to statement of defined responsibilities suggest a need to revise employee’s work assignments or the proportions of the employee’s salary supported by different funding sources.)

**Section II: Certification Signatures**

## I certify that this Time and Effort Report accurately represents my attendance and total work hours compensated for the month indicated, and that I have performed the defined work responsibilities, unless exceptions are noted above.

**SIGNATURE OF**

**EMPLOYEE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name of**

**Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I certify that I have knowledge of this employee's attendance and total hours compensated, as represented in this Time and Effort Report for the month indicated, and that the work performed is appropriate for the funding source requirements.

**SIGNATURE OF**

**SUPERVISOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name of**

**Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Monthly DCCCD Time and Effort Report Continuation Page # \_\_\_\_\_\_**

**For Grant-Funded Employees**

**Section III: Work Hours & Activities Aligned with Sources of Funding/Grant Objectives**

**(Optional: Attach copy of completed time sheet and detailed calendar for the month, if available.)**

 **Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Days of the Month – Work Days, Paid Leave, and Holidays** | **Grant #1\*****# Hrs Worked** **or Used as Leave/Holidays****Indicate Grant Objective/Activity** **For Each Time Block** | **# 1 hrs** | **Institutional/****Matching Fund \*\*\*****# Hrs Worked** **or****Used as Leave/****Holidays** | **Inst. hrs** | **Daily Total** **# Hrs Worked** **or****Used as Leave/****Holidays** |
| **1**  |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
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| **27** |  |  |  |  |  |
| **28** |  |  |  |  |  |
| **29** |  |  |  |  |  |
| **30** |  |  |  |  |  |
| **31** |  |  |  |  |  |

 Column Column Monthly

 Total = \_\_\_\_\_\_\_\_ Total = \_\_\_\_\_\_\_ Total= \_\_\_\_\_\_\_\_ [across=down]

**Employee Initials: \_\_\_\_\_\_\_\_\_ Supervisor Initials: \_\_\_\_\_\_\_\_\_**

 **\*Grant 1 Funding Source and Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ % Commitment \_\_\_\_\_**

**\*\*\*Institutional Fund/Unit Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ % Commitment \_\_\_\_\_**

**MONTHLY DCCCD TIME AND EFFORT REPORT INSTRUCTIONS**

THIS FORM MUST BE COMPLETED BY ALL GRANT-FUNDED PERSONNEL,

INCLUDING ADMINISTRATORS, PSS, FACULTY – FULL-TIME OR PART-TIME –

AND KEPT ON FILE IN THE APPROPRIATE COLLEGE/LOCATION GRANT PROJECT OFFICE.

**IMPORTANT NOTE**:

1. All grant-funded (or partially grant-funded) employees, or those whose time is fully or partially being contributed as a “match” to grant funding, are required to complete the Time and Effort Report (Sections I, II, and possibly III – see Section III instructions below) monthly, with their supervisors.
2. Report Time and Effort information for 100% of employee’s work time; append additional pages for Section III if needed.

# SECTION I – IDENTIFICATION AND SUMMARY INFORMATION

**Required:**

1. Provide your Name, Colleague Identification Number, your work Location/College, Month and Year of the report.
2. Check only one box for **Full-Time, Limited Full-Time**, or **Part-Time** status. An adjunct teaching position is considered Part-Time.
3. Check only one box for **Administrator, Professional Support,** or **Faculty** status.
4. Indicate the **Grant/Contract number**. This is the official contract number or Notice of Award number that is located on the fully signed contract agreement. If this information was not assigned, please list “NA.” Also list **start/end dates** for the grant/contract.
5. Indicate the **name of the Funding Source**, the agency or organization providing the funding (e.g., U. S. Department of Education, Texas Higher Education Coordinating Board, Texas Workforce Commission, Work Source for Dallas County, etc.), and below that a **short name for the grant** (e.g., Student Support Services, Upward Bound, NSF, Title V, Perkins Basic Grant, Tech Prep, etc.). For **institutional funding, indicate your work unit/department name**.
6. Indicate the **FLD** number, the 10-digit number that is assigned by DSC Contracts and Grants Accounting, for charging expenditures to the grant. ***For example: 13-02-123456***. The **F**und is 13, **L**ocation is 02, and **D**ivision is **123456.**  Also indicate the 5-digit payroll account number from which that portion of your pay is drawn (e.g., **20501, 20754, 20602**, etc.).
7. Indicate the **% Time Funded** by each funding source, the percentage of the employee’s salary and benefits charged to the grant. List the percentage of time charged to each grant division # or institutional fund listed. The total for all Funding Sources listed should equal 100%.
8. For **# Hours Required**, indicate for each funding source the minimum required monthly hours for that proportion of your total assignment hours. The total Required Hours should comply with DCCCD guidelines (FT = 40 hrs. and PT = up to 19.5 hrs.).
9. For **# Actual Hours,** indicate for each Funding Source assignment, the actual total of hours used during the month for work, leave, or holidays, supporting the portion of your work assignment funded by that source. The total should be the actual total of your work/leave/holiday hours for that month and should match the total for **Section III Monthly Total**. At times, the # Actual Hours may exceed the # Required Hours.
10. Always attach to this monthly report a recently reviewed copy of the **current statement of defined work responsibilities** for the employee’s position(s). Attaching a copy of the employee’s daily work calendar and/or completed time sheet for that month is optional.
11. In the box, indicate any **exceptions to the stated responsibilities** for the particular month. Employees and supervisors should be vigilant in keeping the employee’s time expenditure for work activities compliant with grant requirements. **Significant and/or repeated exceptions to statement of defined responsibilities suggest that the supervisor needs to revise employee’s work assignments or the proportions of the employee’s salary supported by different funding sources, to avoid fines or penalties.**

# SECTION II – CERTIFICATION SIGNATURES

**Required:** The employee and supervisor must each certify by their signatures that the information presented is accurate and that the work performed is appropriate to funding source requirements.

# SECTION III – WORK HOURS & ACTIVITIES ALIGNED WITH SOURCES OF FUNDING/GRANT OBJECTIVES

This section is required for positions funded by one or more Carl D. Perkins grants, by multiple grants, by a combination of grant(s) plus institutional funding, or for positions fully or partially contributing time toward a “match” or cost-sharing requirement for grant funding:

1. For each **work day** of the month, list the number of Actual Work/Leave/Holiday Hours used to support the portion of the employee’s work funded by each respective source.
2. For each daily block of grant-funded hours, indicate the broad grant objective(s)/activity(ies) supported (e. g., advising, instruction, curriculum development, administration, community outreach, professional development).
3. Colleges/locations may adapt Section III to specify objectives/activities for individual grants’ Time and Effort reporting.