

TIME AND EFFORT REPORTING AND CERTIFICATION PROCEDURE

Purpose

The purpose of this policy is to ensure that **California State University, Stanislaus** is in compliance with federal regulations governing time and effort reporting.

Authority

OMB A-21, Section J (8) (c) (1) (e) requires institutions to maintain an accurate method for verifying work performed with federal funds. In order to comply with this regulation, CSU Stanislaus requires every faculty and professional staff member working on a federally or state funded program to certify their time and effort. Approved grants, contracts, or cooperative agreements that commit university personnel time to the project, regardless of whether such time is paid by external funds or unpaid contribution, are subject to time and effort reporting.

Time and Effort Reporting forms do not need to be completed for clerical, support, or hourly staff who utilize time sheets.

Reporting Format/Elements

The primary data source for the Time and Effort Reporting Certification shall be the Time and Effort Reporting Sheets.

Frequency

Time and Effort Reporting Sheets shall be compiled, distributed, and certified **four** times per year to cover each federal quarter. Periods to be covered are: October – December, January – March, April – June, and July – September.

Information Provided

Each covered employee shall submit a Time and Effort Reporting Sheet that includes the following elements:

1. Academic Year
2. Fiscal Period
3. Name of covered employee
4. Position/Title
5. Social Security Number
6. Department/College
7. Project Account No.
8. Project Title
9. Project Director
10. Cost Sharing Account No. (if applicable)
11. Distribution of Time and Effort Percentage Chart
12. Brief Description of Activities and/or Duties
13. Verification/Certification Statement
14. Signature of Principal Investigator
15. Signature of Project Director (if applicable)
16. Signature of Department Chair
17. Signature of FBS

CALIFORNIA STATE UNIVERISTY, STANISLAUS

TIME AND EFFORT REPORTING SHEET

Academic Year _____

Fiscal Period (check one):

Oct – Dec
 Jan – Mar
 Apr – Jun
 Jul – Sep

Name _____ Project Acct. No. _____

Position/Title _____ Project Title _____

SSN _____ Project Director _____

Dept./College _____ Cost Sharing Acct. No. _____

University Instruction	Sponsored Program Activity	University Overload	TOTAL
%	%	%	%

Note: Total must equal at least 100% but not more than 125%

Brief Description of Activities and/or Duties:

Verification/Certification:

I certify to the best of my knowledge, the above effort stated reflects the contributed time and efforts of the above employee for the above project.

PRINCIPAL INVESTIGATOR

Print Name _____

Signature _____

Date _____

PROJECT DIRECTOR (if applicable)

Print Name _____

Signature _____

Date _____

DEPARTMENT CHAIR

Print Name _____

Signature _____

Date _____

FBS

Received/Processed by _____

Signature _____

Date _____

Verification Note:

In compliance with OMB Circular A-21 requirements for effort confirmation, "a responsible person with suitable means of verification that the work was performed" must sign the effort confirmation statement. Responsibility cannot be delegated to other individuals, nor are proxy signatures or signature stamps acceptable. No individual may confirm his/her own effort. Confirmation should be made at the Department Chair level.

Fiscal Period (check one):

Oct – Dec

Jan – Mar

Apr – Jun

Jul – Sep

YEAR _____

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL HOURS				
I																																				
II																																				
III																																				
IV																																				
V																																				
TOTAL HOURS																																				

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL HOURS					
I																																					
II																																					
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MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL HOURS						
I																																						
II																																						
III																																						
IV																																						
V																																						
TOTAL HOURS																																						

I – Grant Project Administration and/or Evaluation
 IV – Grant Research/Project Work Performance

II – Budget and Financial Accounting
 V - Travel

III – Participation in Committee/Meeting Activity

MONTHLY GRANT LOG EXAMPLE

OCTOBER	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL HOURS
I	2						2					1						1								3						9
II							1																			1						2
III			1												1														1			3
IV										2																						2
V																					1											1
TOTAL HOURS	2		1				3			2		1			1			1			1					4			1			17

Categories:

I – Grant Project Administration and/or Evaluation
 II – Budget and Financial Accounting
 III – Participation in Committee/Meeting Activity

IV – Grant Research/Project Work Performance
 V - Travel

Note: Due to increased accountability standards from recent federal audits, it is **highly recommended** that Principal Investigators keep more detailed supplementary information and records to substantiate their time spent on grant activity.