

ATT 1 EXAMPLE

**Peoplesoft
TIME ACCOUNTING CERTIFICATION**

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

Report id: adm999

Location: 0999A
Dept Emplid Name

Dept	Emplid	Name	Jobcode	Descrip	FTE	to Resource/Descr	Dist%	Month	Run Time	
0999	000000	0	Iduh Clare	0000	Clerical	0.000000	30100 Title I Basic Program	*H *H	January March	10:30:17
									INK ONLY - NO PENCIL	
									<u>John Doe 2/18/17</u>	
									<u>John Doe 2/18/17</u>	
0999	000000	0	Jane Smith	0000	Teacher	1.000000	30100 Title I Basic Program		January March April	
									<u>John Doe 2/18/17</u>	
									<u>John Doe 2/18/17</u>	
									<u>John Doe 2/18/17</u>	
0999	000000	0	Fudd, Elmer	2040	Teacher	1.000000	30100 Title I Basic Program		January March	
									NOT AT THIS SITE	
									NOT AT THIS SITE	
0999	000000	0	Red Waters	0000	Clerical	1.000000	30100 Title I Basic Program		January February March April May June	
									<u>John Doe 2/18/17</u>	
0999	000000	0	Ifya Remember	0000	Teacher	1.000000	30100 Title I Basic Program		January February March	
									<u>John Doe 2/18/17</u>	
									<u>John Doe 2/18/17</u>	
									<u>John Doe 2/18/17</u>	

SEND TO NEXT LEVEL OF AUTHORITY TO CERTIFY THE MONTHS SUPERVISOR WORKED

0999 00000 JOHN DOE 0000 Principal/ 1.000000 30100 Title I Basic 100.0%
Manager Program

April John Doe 2/18/17
May John Doe 2/18/17
January SUPERVISOR
February DO NOT SIGN FOR
March YOURSELF
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
Principal/Manager Signature

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

Date: 10/23/17
