

SAN DIEGO UNIFIED SCHOOL DISTRICT

Date: January 14, 2019

To: Principals, Area Superintendents, Division and Department Heads

Subject: TIME ACCOUNTING CERTIFICATION (TAC) REPORT
FOR CENTRAL DEPARTMENTS: JANUARY
THROUGH JUNE 2018

Due Date: February 8, 2019

Reference: OMB circular A-87, Education Code Section 52853

Action Requested: **Review and sign** the Time Accounting Certification (TAC) Report confirming the job code description, resource used to fund the employee, and the months worked by the employee.

Return January – June 2018 TAC Report with original signatures to:
Financial Planning, Monitoring and Accountability
Attention: Denice Bernetsky
Education Center, **Room 3209**

Due by: February 8, 2019

Attachment 1: Example - Time Accounting Certification (TAC) Report

Brief Explanation:

Beginning January 1, 2011, a revised process was established to obtain time certification information for the district. Each employee that is funded from **categorical resources** will be listed in the report for each month worked along with the resource used to pay them. The Time Accounting Certification report may include any hourly work charged to categorical resources.

The Division or Department Head (supervisor) will be responsible for completion of the TAC Report. Review the report to ensure all employees funded from categorical resources are listed on the **2018 Time Accounting Certification (TAC) Report**. The supervisor must verify the duties performed and the salary funding source per employee.

The Time Accounting Certification (TAC) Report is an extremely critical process to the State and Federal Agencies. It is imperative that the reports are complete and accurate. Failure to complete the certification report may jeopardize the district's ability to preserve federal or state funding.

Attached to this circular is an example of the Time Accounting Certification (see Attachment 1) and your cost center's Time Accounting Certification (TAC) Report for January through June

2018 listing all employees at your site funded from **categorical resources**. Review the entire report carefully. If an employee is listed in error, note the correction on the TAC Report. The report for July through December 2018 will be sent to you in late February for your review and signature.

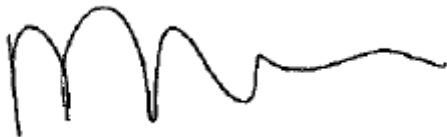
Action to be taken by the Supervisor (i.e., Principals, Division or Department Heads):

- Print the Time Accounting Certification (TAC) Report and review it to ensure that all employees are reported with the appropriate distribution of funding indicated.
- If an employee is listed in error or missing, note the correction on the report and follow-up with the appropriate PAR to correct any funding errors.
- Signature is required to certify an employee worked the months on the TAC Report. Supervisor's signature is required next to **each month** on the TAC Report. (see Attachment 1)
- Supervisor's signature is **required at the bottom of each page of the TAC Report**.
Note: Supervisors cannot certify their own work; the page(s) must go to the next level of authority i.e., Director goes to Branch head, Principals go to their Area Superintendents, etc. Send page(s) to your next level of authority to certify each month you work. See example of alternative signing methods in Attachment 1.
- Send the completed Time Accounting Certification (TAC) report to:
Financial Planning, Monitoring and Accountability department
Education Center - Room 3209 Attention: Denice Bernetsky
- Maintain a copy of the signed Time Accounting Certification (TAC) Report for **seven years**.

Please do not send the TAC Report back incomplete. Questions regarding this procedure should be directed to **Denice Bernetsky** via e-mail dbernetsky@sandi.net or call (619) 725-7175.

Thomas P. Liberto
Director, Financial Planning, Monitoring and Accountability

APPROVED:



Debbie Foster.
Executive Director, Financial Planning and Development

TPL:dab

Attachment 1

ATT 1 EXAMPLE

**Peoplesoft
TIME ACCOUNTING CERTIFICATION**

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

Page No. 1
Run Date
09/17/17

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
