

This sample spreadsheet can be used as a tool for creating a Substitute System of Time-and-Effort Certificate (Certificate). In order to complete this certification you are required to complete two separate worksheets (Schedule and Certificate tabs). Each employee participating in the Substitute System of Time-and-Effort will require a separate Certificate/Schedule. This sample is based on a weekly schedule.

INSTRUCTIONS:

SCHEDULE

- 1 Open the **Schedule** worksheet.
- 2 Enter the **Name of Employee** in the respective cell.
- 3 Enter the **Position Title** of the employee in the respective cell.
- 4 Enter the **District/Campus(s)** of the employee in the respective cell.
- 5 Enter the **Schedule for Certification Period** for the employee in the respective cell.
- 6 Complete the **Program/Fund Code** table on the right side of the worksheet. In fields A-E, the program name is selected from the dropdown list. Programs not included on the list may be typed into fields F-G, including the corresponding fund code. The program table allows (but does not require) the selection and/or entry of up to seven program names. Field H corresponds to State/Local and cannot be changed.
- 7 Complete the boxes of the **Monday-Friday schedule** as follows:
 - Minutes:** Select the number of minutes spent on the activity from the dropdown list (rounding to the nearest 15-minute increment).
 - Activity:** Type a brief description of the activity performed.
 - Program:** Using the dropdown list, select the letter in the program menu that corresponds to the program.The schedule allows (but does not require) the entry of up to 13 activities per day. The schedule allows (but does not require) the entry of 1 **Lunch Break** per day; if applicable, select the number of minutes spent on Lunch Breaks from the respective dropdown list. If no Lunch Breaks are taken, select the blank field from the dropdown list.
- 8 All other fields will automatically populate.
- 9 **Verify** that the program reference letters (A, B, C, etc.), program names, and total minutes are accurate.
- 10 **Print** the Schedule worksheet.

CERTIFICATE

- 11 Open the **Certificate** worksheet.
- 12 Enter the **Total Number of Hours Worked in the Week** in the respective cell.
- 13 Enter the **Total Number of Lunch Hours in the Week** in the respective cell.
- 14 Enter the **Date** employee signs the Certificate in the respective cell.
- 15 Enter the **Name of the Supervisor** in the respective cell.
- 16 Enter the **Date** the supervisor signs the Certificate in the respective cell.
- 17 All other fields will automatically populate.
- 18 **Print** the Certificate worksheet.
- 19 Both the employee and supervisor are required to **sign** the Certificate.

SCHEDULE and CERTIFICATE

- 20 Please save and print each Schedule and Certificate.

Name of Employee	John Smith
Position Title	Teacher
District/Campus(s)	Anywhere ISD
Schedule for Certification Period	July 1, 2013-December 31, 2013

Complete the fields above. In the program/fund table to the right, select programs from the dropdown lists in fields A-E. Programs not included on the dropdown list may be typed into fields F-G, including the corresponding fund code. Complete each box of the schedule below by selecting the duration of each activity from the dropdown list (in 15-minute increments); typing a brief description of the activity performed; and using the dropdown list to select the letter that corresponds to the program as listed in the program table. If applicable, select the duration of lunch from the dropdown list for each day.

Program/Fund		Minutes	%
A	84.010 – Title I Grants to Local Educational Agencies - Fund Code 211	990	51%
B	84.027 – Special Education—Grants to States (IDEA, Part B) - Fund Code 224	330	17%
C	84.367 – Improving Teacher Quality State Grants - Fund Code 255	255	13%
D		0	0%
E		0	0%
F	Grant ABC	165	8%
G	Grant XYZ	75	4%
H	State/Local (Fund Code 199 or 420)	135	7%
TOTAL MINUTES/TOTAL PERCENTAGE OF TIME:		1950	100%

	Monday	Tuesday	Wednesday	Thursday	Friday
Minutes:	15	15	30	15	60
Activity:	Consult w/staff regarding Title I	Consult w/staff regarding Title I	Consult w/staff regarding Title I	Consult w/staff regarding Title I	Consult w/staff regarding Title I
Program:	A	A	A	A	A
Minutes:	60	30	30	30	15
Activity:	Small group reading	Spec. Ed. Support	Spec. Ed. Support	Spec. Ed. Support	Spec. Ed. Support
Program:	C	B	B	B	B
Minutes:	15	15	15	30	60
Activity:	Consult w/staff regarding Title I	Consult w/staff regarding Title I	2nd grade Title I reading/math	2nd grade Title I reading/math	2nd grade Title I reading/math
Program:	A	A	A	A	A
Minutes:	15	15	45	30	15
Activity:	Small group reading	Small group reading	Small group reading	Small group reading	Small group reading
Program:	B	A	B	B	F
Minutes:	15	60	45	30	30
Activity:	Small group math	Small group math	Small group math	Small group math	Small group math
Program:	A	F	B	C	C
Minutes:	30	15	30	45	75
Activity:	2nd grade Title I reading/math	Consult w/staff regarding Title I	2nd grade Title I reading/math	2nd grade Title I reading/math	2nd grade Title I reading/math
Program:	A	A	A	A	A
Minutes:	30	30	30	30	30
Activity:	1st grade Title I reading/math	Title I prep	1st grade Title I reading/math	Small group writing	1st grade Title I reading/math
Program:	A	A	A	B	A
Minutes:	45	30	30	45	30
Activity:	Individual spec. ed. student catch-up	Small group writing	Individual spec. ed. student catch-up	Individual spec. ed. student catch-up	Individual spec. ed student catch-up
Program:	C	C	B	C	B
Minutes:	30	15	60	30	45
Activity:	Small group math	Consult w/staff regarding Title I	Small group math	Small group math	Small group math
Program:	F	A	H	F	G
Minutes:	30	30	30	15	45
Activity:	Small group writing	Small group writing	Small group writing	Small group writing	Small group writing
Program:	G	F	H	C	H
Minutes:	15	15	15	15	15
Activity:	1st grade Title I reading/math	1st grade Title I reading/math	1st grade Title I reading/math	1st grade Title I reading/math	1st grade Title I reading/math
Program:	A	A	A	A	A
Minutes:	15	30	30	30	15
Activity:	Title I prep	Consult w/staff regarding Title I	Title I prep	Title I prep	Title I prep
Program:	A	A	A	A	A
Minutes:	60	15	30	45	15
Activity:	1st grade Title I reading/math	Title I prep	1st grade Title I reading/math	1st grade Title I reading/math	1st grade Title I reading/math
Program:	A	A	A	A	A
Minutes:	60	60	60	60	60
Activity:	Lunch Break	Lunch Break	Lunch Break	Lunch Break	Lunch Break

Division of Grants Administration
2013-2014 Substitute System of Time-and-Effort Certificate
For Employees Supported by Multiple Cost Objectives

In order to complete this Substitute System of Time-and Effort Certificate (Certificate), first complete the Substitute System of Time-and-Effort Schedule (Schedule). Once the Schedule is completed, enter the Total Numbers of Hours Worked in the Week and the Total Number of Lunch Hours in the Week in the designated field. Please ensure that both the employee and supervisor sign and date the certificate. All other fields are automatically populated from the Schedule.

Complete this Certificate for each employee based on the established employee schedule. This sample is based on a weekly schedule.

Name of Employee John Smith **Schedule for Certification Period** July 1, 2013-December 31, 2013

Position Title Teacher **District/Campus(s)** Anywhere ISD

Total Number of Hours Worked in the Week: 32.50 **Total Number of Minutes Worked in the Week:** 1,950

Total Number of Lunch Hours in the Week: 5.00 **Total Number of Lunch Minutes in the Week:** 300

Total Hours: 37.50 x 60 = 2,250 (a) Total Minutes: 2,250 (b)

Program/Fund	# of Minutes Worked in Week	Distribution of Time (%)
A 84.010 – Title I Grants to Local Educational Agencies - Fund Code 211	990	51%
B 84.027 – Special Education—Grants to States (IDEA, Part B) - Fund Code 224	330	17%
C 84.367 – Improving Teacher Quality State Grants - Fund Code 255	255	13%
D -	0	0%
E -	0	0%
F Grant ABC	165	8%
G Grant XYZ	75	4%
H State/Local (Fund Code 199 or 420)	135	7%
TOTAL MINUTES/TOTAL PERCENTAGE OF TIME:		1950 100%

NOTE: Any significant deviations from an employee's established schedule (i.e., a difference from the certified schedule of 10% or greater) requires that the employee submit an updated certification. Please ensure that Total Hours (a) match with the Total Minutes (b).

I certify that I performed work consistent with the attached schedule and as distributed in the above percentages during the certification period.

Signature of Employee _____ **Date** December 31, 2013

I certify that I have firsthand knowledge that the above employee performed work consistent with the attached schedule and as distributed in the above percentages during the certification period.

Name of Supervisor

Signature of Supervisor _____ **Date** December 31, 2013