

PAYROLL CERTIFICATION
(FOR EMPLOYEES WORKING ON ACTIVITIES RELATED TO GRANT FUNDING)

PAYROLL PERIOD ENDING: _____

Costs associated with administering this program specific to the appropriate funding source are eligible costs for reimbursement. Most federally funded programs are subject to the Federal compliance requirements of 2 CFR 200. In order to comply with those requirements, all employees who have worked on activities related to this program are certify their time on a monthly basis. These activities should be categorized as followed:

- ✓ Administration
- ✓ Case Management
- ✓ Supervision
- ✓ Add as needed

Add Provider disclosures or statements -

Source: **2 CFR 200 Subpart E Cost Principles, Sub Section 200.430 Compensation - personal services**
200.430(i) Sub Section (i) Standards of Documentation Personnel Expenses.

Charges to Federal awards for salaries and wages must be based on records that accurately reflect the work performed:

- 1) Be supported by a system of internal control which provides reasonable assurance that the time being charged is accurate, allowable, and properly allocated.
- 2) Be incorporated into the official records of the non-Federal entity.
- 3) Reasonably reflect the total activity for which the employee is compensated by the non-Federal entity.
- 4) Encompass both federally assisted and all other activities compensated by the non-Federal entity on an integrated basis.
- 5) Comply with the established accounting policies and practices of the non-Federal entity.
- 6) Support the distribution of the employee's salary or wages among specific activities or cost objectives if the employee works on more than one Federal award; a Federal award and non-Federal award, etc.
- 7) Budget estimates alone do not qualify as support for charges to Federal awards.

Please fill out a separate form for each employee. BOTH employee and supervisor will need to sign the form.

Employee Name: _____ Personnel Number: _____

Note: Partial hours should be entered in quarter hour increments (ie .25, .50, .75).

Date	Time In	Time Out	Hours/Min	Activity Description	Category
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total Hours spent on Program Activities

Employee Certification

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that falsifying records may have consequences, up to and including federal government intervention.

Print Employee name _____
Employee signature _____ Date: _____
Print Supervisor name _____
Supervisor signature _____ Date: _____