TEXAS EDUCATION AGENCY

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

Most fields on this certificate are autofilled with data from the Substitute System of Time-and-Effort Schedule (on the Schedule tab of this workbook). However, you must manually complete two fields: Total Number of Hours Worked in the Week and the Total Number of Lunch Hours in the Week. The figure you enter for Total Number of Hours Worked in the Week must be consistent with the autofilled figure for Total Number of Minutes Worked in the Week. Both you and your supervisor must sign and date the certificate.

Each participating employee must complete this certificate based on his or her established schedule.

Name of Employee Jane Doe

Schedule for Certification Period August 20, 2019-December 31, 2019

Position Title Teacher

District/Campus(s) ABC District/Campus 1

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	1110	57%
B	84.027 – Special Education—Grants to States (IDEA, Part B) - Fund Code 224	240	12%
C	84.367 – Improving Teacher Quality State Grants - Fund Code 255	240	12%
D	-	0	0%
E	-	0	0%
F	Grant ABC	150	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: If an employee's established schedule changes by 10% or more, the employee must submit an updated certification.

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, 2019

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, 2019