Texas Education Agency

Substitute System of Time-and-Effort Schedule

For Employees Supported by Multiple Cost Objectives

Name of Employee	
Position Title	
District/Campus(s)	
Schedule for Certification Period	

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, with 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	84.002 – Adult Education—Basic Grants to States - Fund Code 220	135	100%
B	84.287 – Twenty-First Century Community Learning Centers - Fund Code 265	0	0%
C	84.027 – Special Education—Grants to States (IDEA, Part B) - Fund Code 224	0	0%
D		0	0%
E		0	0%
F		0	0%
G		0	0%
H	State/Local (Fund Code 199 or 420)	0	0%
	TOTAL MINUTES/TOTAL PERCENTAGE OF TIME:	**135**	**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:					
Activity:					
Program:					
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Program:					
Minutes:					
Activity:	Lunch Break	Lunch Break	Lunch Break	Lunch Break	Lunch Break

Substitute System of Time-and-Effort Instructions

For Employees Supported by Multiple Cost Objectives

This workbook may be used to create the employee schedule and certification required from employees participating in the substitute system of time-and-effort reporting. Each participating employee must complete a schedule and certification, unless the certification is waived by Ed-Flex. The LEA may use this workbook, which includes all elements TEA auditors are required to check, or create its own employee schedule and certification forms. All the LEA's participating employees must use the same forms.

INSTRUCTIONS:

SCHEDULE

1 Open the Schedule worksheet.

2 Enter your name.

3 Enter your position title.

4 Enter the district and campus names.

5 Enter the certification period for the schedule you are entering.

6 Complete the program/fund table on the right side of the worksheet. For fields A-E, select the program name from the dropdown list. For programs not included on the list, typed the program name and fund code into fields F-G.
You may enter up to seven program names into the program table. 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 up or down to 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.
You may enter up to 13 activities and one lunch break per day. If you take no lunch break, leave the field blank.

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 Using the total from your schedule, complete the Total Number of Hours Worked in the Week field.

13 Using the total from your schedule, enter the Total Number of Lunch Hours in the Week.

14 Enter the date that you signed the certificate.

15 Enter the name of your supervisor.

16 Enter the date that your supervisor signed the certificate.

17 All other fields will automatically populate.

18 Print the certificate worksheet.

19 You and your supervisor must sign the certificate.

SCHEDULE and CERTIFICATE

20 File the schedule and signed certificate for each participating employee.

Texas Education Agency

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 _____ **Schedule for Certification Period** _____

Position Title _____ **District/Campus(s)** _____

Total Number of Hours Worked in the Week: [ ] **Total Number of Minutes Worked in the Week:** 135

Total Number of Lunch Hours in the Week: [ ] **Total Number of Lunch Minutes in the Week:** -

Total Hours: 0.00 x 60 = 0 (a) **Total Minutes:** 135 (b)

Program/Fund		# of Minutes Worked in Week	Distribution of Time (%)
A	84.002 – Adult Education—Basic Grants to States - Fund Code 220	135	100%
B	84.287 – Twenty-First Century Community Learning Centers - Fund Code 265	0	0%
C	84.027 – Special Education—Grants to States (IDEA, Part B) - Fund Code 224	0	0%
D	-	0	0%
E	-	0	0%
F	-	0	0%
G	-	0	0%
H	State/Local (Fund Code 199 or 420)	0	0%
	TOTAL MINUTES/TOTAL PERCENTAGE OF TIME:	135	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** [ ]

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** [ ]