	Salt Lake Arts Academy	Version 1
	Policy Title: Time and Effort Procedure	Effective Date: 5.19.2025

In accordance with the guidelines established by the USBE, Salt Lake Arts Academy has adopted the following procedures concerning time and effort monitoring.

Any individual charged to a Federal grant will keep time and effort reporting. Semiannual certification will be completed by those individuals who have a single-cost objective; Semiannual personnel activity reports will be completed by individuals who have multiple-cost objectives. Under IDEA, any individual who is not 100% special education will complete semi-annual PAR; requirements for this are:

- Must be maintained for all employees paid in part or full by federal funds.
- Must be after the fact (a report of actual time worked, not just an estimate or percentage).
- Account for the total activity of the employee (you must show the full work of the employee, even if part of their salary is paid by state or other funds).
- Must be signed by the employee or direct supervisor.
- Must be prepared at least semi-annually.

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Salt Lake Arts Academy

844 South 200 East

Salt Lake City, UT 84111

801-531-1173

Employee:
Title:
Federal Program:
CFDA: 84.027
Fiscal Year:
Reporting Period:

Professionals

This is to certify that I have worked 100% under the following single (multiple) cost objective:

Ensure that all children with disabilities have access to a free, appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment, and independent living.

Signature: _____ Date: _____

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Time and Effort Sheet for Federal and State Funding FY24

Instruction: Anytime an employee is paid using federal funds, a monthly time and effort log is required to ensure the budgeted time and effort is equivalent to the actual time and effort worked on the program.

School District/Charter : **Month and Year of Activity :**

Employee Name : **Employee Title :**

	# of Hours per day																															Total	*Scope of*
Funding Source	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	**Hours**	***Service/Activities***
																																0	
Total Hours	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

I certify with my signature that the information submitted is accurate.

Employee Signature : **Date:**

Supervisor's Signature : **Date:**