



## Time & Effort

All employees charged to grants where the origination funding is from the Federal Government must maintain time and effort reporting. These employees must document the time they spend working on the grant's objectives to demonstrate that the amount budgeted and the amount claimed is accurate. Time and effort records become subject to review during audits, monitoring, or other situations requiring proof of evidence that time funded by the grant was spent working toward the grant's objectives.

## Development of Time & Effort Report

Establishing a simple, accurate, but effective reporting method for time and effort accountability will assist Texas ACE Programs in budgeting and appropriate accountability standards. Provided in this appendix is a sample of the standards and the report for grants funded through the Criminal Justice Division. In addition, there are two forms used by Texas ACE Grantees that are provided as samples. Using these tools, Texas ACE Grantees should be able to create an effective reporting method.

### Tips

- *Effort is not based on a 40 hour work week.* – Set up your documentation to track percent of effort. For example, if you work a 60 hour week then 45 hours equal 75% of your effort whereas a teacher who only works 20 hours a week on the project is 100% effort.
- *Effort must add up to 100%* - All hours filter up to 100% effort, regardless of amount of hours worked.
- *Effort may be a reasonable estimation* – OMB circulars state that grantees may estimate up to the closest percent for reasonable effort.
- *Effort report must be certified by someone with firsthand knowledge* – Individuals certify their own effort but a review and second certification by someone who manages those individuals completes the process.
- *Effort is best reporting daily* – Keeping a journal, calendar, or completing the effort report helps make the process easier.

Note: Time and effort reporting does not have to be a lengthy or challenging process. Reasonable diligence to track effort and time is required so that grantees do not simply monitor budgeting numbers.

# **GRANTEE PERSONNEL ACTIVITY**

## **REPORT (TIMESHEET)**

### **REQUIREMENTS**

The following information is provided to assist grantees in complying with timesheet requirements. Grant-funded CJD projects that have budgets with personnel expenses and/or volunteers used as in-kind match must comply with governing directives. Grantees may have timesheets which already include the required information listed below in the “Requirements” section. If not, grantees need to revise their forms to include the required information. A sample timesheet and a blank timesheet may be [downloaded from the links below](#). The use of these specific forms is not required; however this format contains the required information for personnel timesheets. Questions regarding these forms should be directed to Rebecca Martinez ([rmartinez@governor.state.tx.us](mailto:rmartinez@governor.state.tx.us)) at CJD by email, telephone, or regular mail.

#### **REQUIREMENTS:**

- Timesheets for each grant-funded employee must provide brief descriptions of the daily grant activities performed. If an employee works on multiple grants, activities must be recorded separately for each grant.
- Timesheets for each grant-funded employee must contain all activities and all hours worked.
- Timesheets must be prepared at least monthly and they must coincide with one or more pay periods.
- Timesheets must be signed by the employee and his/her supervisor.

*Note: These requirements also apply to volunteers used as in-kind match on the grant.*

#### **FORMS:**

To obtain a Sample Timesheet, Blank Timesheet form, and/or the Requirements (PDF), download these documents at: <https://cjdonline.governor.state.tx.us/updates.aspx>.

#### **REFERENCES:**

##### **Uniform Grant Management Standards (UGMS) II (B) (11) (h) (5, 7)**

“h. Support of salaries and wages. These standards regarding time distribution are in addition to the standards for payroll documentation.

... (5) Personnel activity reports or equivalent documentation must meet the following standards:

- (a) They must reflect an after-the-fact distribution of the actual activity of each employee.
- (b) They must account for the total activity, for which each employee is compensated.
- (c) They must be prepared at least monthly and must coincide with one or more pay periods; and
- (d) They must be signed by the employee and the supervisory official having first hand knowledge of the work performed by the employee. The employee’s signature is not required in the event the employee cannot be reached due to termination of employment, lack of forwarding address, death or other documented reason...

...(7) Salaries and wages of employees used in meeting cost sharing or matching requirement of Federal or *state* awards must be supported in the same manner as those claimed as allowable costs under Federal or *state* awards.”

##### **Texas Administrative Code (TAC) 3.75 (b)**

“Personnel compensated with grant funds must maintain on file personnel activity reports that reflect a distribution of actual time worked and activity performed, that are prepared at least monthly, and that are signed by the employee and a supervisory official having first hand knowledge of the work performed by the employee. Law enforcement and prosecution grant personnel whose primary function is investigating or enforcing laws or prosecuting alleged offenders are required to include the project's case or cause number (or other indicators of assignment) in the personnel activity report.”

##### **Texas Administrative Code (TAC) 3.73 (a)**

“An applicant must ensure that it possesses or can acquire the required matching funds to satisfy the matching funds requirement. An applicant's use of matching funds must comply with the same statutes, rules, regulations, and guidelines applicable to the use of the CJD-funded portion of a grant project.”

# Grant Personnel Activity Report

**INSTRUCTIONS:** Enter % of salary assigned to each grant and grant #. Enter hours worked in hourly increments. Enter total time worked for each day in the appropriate column. For all hours worked, enter each grant # and the description of work activity. When sick leave, vacation leave, or holiday leave is taken, enter the number of hours taken in the appropriate day column. By signing the Grant Personnel Activity Report, you are certifying the report to be correct.

Agency Name: Crisis Center of West Texas Employee / Volunteer Name: Elizabeth Williams Month / Year: Jul-03

<b>Grant #</b>	<b>13537-04</b>	<b>Grant #</b>	<b>14286-04</b>
<b>% Assigned</b>	<b>50</b>	<b>% Assigned</b>	<b>50</b>

Grant #	Description of Work Activity	Day of the Month																															Total			
		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				
13537-04	Crisis intervention/counseling	4																																	8	
14286-04	Crisis intervention/counseling	4																																	8	
13537-04	Trained new counselors		4																															4		
14286-04	Trained new counselors			4																															4	
13537-04	Assisted victims with compensation claims		4																																4	
14286-04	Assisted victims with compensation claims			4																															4	
13537-04	Holiday Leave				4																														4	
14286-04	Holiday Leave				4																														4	
	Weekend					0						0	0								0	0					0	0						4		
13537-04	Assisted victims with professional therapy																																		3	
14286-04	Assisted victims with professional therapy																																		3	
13537-04	Answered hotline calls & referred callers																			3						3		3							9	
14286-04	Answered hotline calls & referred callers														3					3						1		3							10	
13537-04	Drove victim to doctor								1																										1	
14286-04	Drove victim to doctor																										1						1		2	
13537-04	Transported victims to shelter														1																		1		2	
14286-04	Transported victims to shelter								1																								1		2	
14286-04	Attended VAWA conference									8	8																								16	
13537-04	Child care while victim receives services											1								1						2		1							5	
14286-04	Child care while victim receives services											1								1					2		1								5	
13537-04	Assisted victims with housing											3																				3			6	
14286-04	Assisted victims with housing											3																					3		6	
13537-04	Vacation Leave												4																						4	
14286-04	Vacation Leave												4																						4	
13537-04	Transported victim to court proceedings															1																1	1		3	
13537-04	Attended court proceedings with victim															7																7	7		21	
14286-04	Transported victim to court proceedings																1																		1	
14286-04	Attended court proceedings with victim																7																		7	
13537-04	Criminal Justice Advocacy																		4													2			6	
14286-04	Criminal Justice Advocacy																		4													2			6	
13537-04	Sick Leave																																4		4	
14286-04	Sick Leave																																	4		4
13537-04	Assisted victims with debt/creditor issues																3																		3	
14286-04	Assisted victims with debt/creditor issues																																3		3	

Sample Only



## Anywhere Independent School District Sample Personnel Activity Report For the Pay Period Ended

Employee Name

Social Security Number

Day Worked	Program Worked	Work Performed	Time Worked
MON	[Select program.]	[Select work performed.]	
	[Select program.]	[Select work performed.]	
	[Select program.]	[Select work performed.]	
	[Select program.]	[Select work performed.]	
	[Select program.]	[Select work performed.]	
TUE	[Select program.]	[Select work performed.]	
	[Select program.]	[Select work performed.]	
	[Select program.]	[Select work performed.]	
	[Select program.]	[Select work performed.]	
	[Select program.]	[Select work performed.]	
WED	[Select program.]	[Select work performed.]	
	[Select program.]	[Select work performed.]	
	[Select program.]	[Select work performed.]	
	[Select program.]	[Select work performed.]	
	[Select program.]	[Select work performed.]	
THU	[Select program.]	[Select work performed.]	
	[Select program.]	[Select work performed.]	
	[Select program.]	[Select work performed.]	
	[Select program.]	[Select work performed.]	
	[Select program.]	[Select work performed.]	
FRI	[Select program.]	[Select work performed.]	
	[Select program.]	[Select work performed.]	
	[Select program.]	[Select work performed.]	
	[Select program.]	[Select work performed.]	
	[Select program.]	[Select work performed.]	
SAT	[Select program.]	[Select work performed.]	
	[Select program.]	[Select work performed.]	
	[Select program.]	[Select work performed.]	
SUN	[Select program.]	[Select work performed.]	
	[Select program.]	[Select work performed.]	
	[Select program.]	[Select work performed.]	
Report Totals	[Select program.]		
	[Select program.]		
	[Select program.]		
	[Select program.]		
	[Select program.]		
	[Select program.]		

I certify that this report is true and correct to the best of my knowledge and belief and that it accurately and completely accounts for all of the time that I worked on programs and activities that funded my compensation for the pay period identified in this report.

Employee Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_



## Personnel Activity Report PROGRAM STAFF

**INSTRUCTIONS:**  
 Enter total hours worked each day in the appropriate category description and day column. Enter start time/end time and break(s).  
 When state / local leave, or vacation leave is taken, enter the number of hours taken in the appropriate day column.  
 By signing and dating the Grant Personnel Activity Report, you are certifying the report to be correct.

Employee/Volunteer Name: \_\_\_\_\_

Month/Year: August-11

75% 21st CCLC Site Coordinator - 25% General Revenue XYZ ISD	Day of the Month																															Total
	Start Work Time	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	
DESCRIPTION / CATEGORY OF WORK ACTIVITY	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	Total
Supportive Guidance & Counseling																															0.00	
Health & Human Services																															0.00	
Parental & Family Involvement																															0.00	
Pre-Employment & Employment																															0.00	
Enrichment Activities																															0.00	
Educational Enhancement																															0.00	
Case Maintenance																															0.00	
Travel																															0.00	
Campus Support Services																															0.00	
Coordinating Partnership & Local Support																															0.00	
Program / Activity Planning																															0.00	
Reporting / Office Duties																															0.00	
Staff Meeting																															0.00	
Professional Development																															0.00	
Volunteer Recruitment																																
Volunteer Supervision and Management																																
Personal Leave/Sick/Vacation																															0.00	
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
End Time																																
Break																																

Employee Signature: \_\_\_\_\_  
Certified Correct Date

Supervisor \_\_\_\_\_  
Certified Correct Date