

# KANSAS STATE DEPARTMENT OF EDUCATION



## Time & Effort Certification

**LEA must include position description with annual secondary improvement application**

Employee name: \_\_\_\_\_ Institution: \_\_\_\_\_ Position: \_\_\_\_\_

Time Period from \_\_\_\_\_ to \_\_\_\_\_

Is this a report for a stipend/supplemental contract? ☐ YES ☐ NO

1. Salary – complete semi-annually

\*New positions only – 3 years maximum with 1/3 decrease for year 2 and 3

2. Stipend – complete monthly only for the months worked on the stipend-funded project.

☐ 100% Federal Perkins Funds

☐ Multiple Funding Sources

|                 | Program Cost Objective % of time | Administration Cost Objective % of time | Total |
|-----------------|----------------------------------|-----------------------------------------|-------|
| Perkins Federal |                                  |                                         |       |
| Perkins Federal |                                  |                                         |       |
| Other           |                                  |                                         |       |

I certify that this report represents a true record of effort expended for this time period according to the funding stream indicated above.

Signature of employee: \_\_\_\_\_ Date: \_\_\_\_\_ (must be signed after the period reported in this form)

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_ (must be signed after the period reported in this form)

For more information, contact:

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