**Semi-Annual Time Distribution Form**

**Employees with a Single Cost Object/One Job Function**

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| --- | --- | --- |
| Employee Name: |  | |
| Reporting Period: |  | |
| School Site: |  | |
| Job Title: |  | |
| Federal Program/Cost Objective: |  | |
| % of time spent working on the program above: | |  |

I hereby certify that this report is an accurate representation of the single cost objective work performed during the time period indicated and charges are accurate, allowable and properly allocated.

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Employee Signature Date

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Principal/Supervisor Signature Date

This form is required in order for the school to demonstrate compliance with the Federal time and effort reporting requirements contained in the Uniform Grant Guidance, 2 CFR, Section 200.430.

For an employee whose salary is paid with Federal funds and who works on a single cost objective, as determined by the school, a Semi-Annual Time Distribution Report must be completed and submitted to the Perkins Federal Legislation Office upon request.