

Time & Effort

PAR Certification Template

The purpose of this template is to assist Federal program subrecipients in the management of personnel expense documentation.

Employee Name:	
Employee Title:	
School Name:	

Certification Period:

	to	
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Type of Schedule:	
Other:	

Name of Program/Cost Objective	Distribution of Time (%)
TOTAL:	100%

(Include all funding sources if applicable- must equal 100%)

I certify that I performed work consistent with the attached schedule and as distributed in the above percentages during the Certification Period.

Employee Signature:	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.

Supervisory Signature:	Date:

Note: Schedule must be included with this form to show support for the percentages certified.

