

SAN DIEGO UNIFIED SCHOOL DISTRICT

Date: April 13, 2018

To: Principals, Area Superintendents, Division and Department Heads

Subject: TIME ACCOUNTING CERTIFICATION (TAC) REPORT
JULY THROUGH DECEMBER 2017

Due Date: May 18, 2018

Reference: OMB circular A-87, Education Code Section 52853

Action Requested: **Review and sign** the Time Accounting Certification (TAC) report confirming the job code description, resource used to fund the employee, and the months worked by the employee.

Return July – December 2017 TAC Report with original signatures to:

Financial Planning, Monitoring and Accountability
Attention: Marcellus Walker
Education Center, **Room 3150**

Due by May 18, 2018

Attachment 1: Example - Time Accounting Certification (TAC) report

Brief Explanation:

Beginning January 1, 2011, a revised process was established to obtain time certification information for the district. Each employee that is funded from **categorical resources** will be listed in the report for each month worked along with the resource used to pay them. The Time Accounting Certification report may include any hourly work charged to categorical resources.

The Principal, Division or Department head (supervisor) will be responsible for completion of the TAC report. Review the report to ensure all employees funded from categorical resources are listed on the **2017 Time Accounting Certification (TAC) report**. The supervisor must verify the duties performed and the salary funding source per employee.

The Time Accounting Certification (TAC) report is an extremely critical process to the State and Federal Agencies. It is imperative that the reports are complete and accurate. Failure to complete the certification report may jeopardize the district's ability to preserve federal or state funding.

You will receive an email on April 26, 2018 with a copy of this circular, an example of the Time Accounting Certification (see Attachment 1), and your cost center's Time Accounting Certification (TAC) report listing all employees at your site funded from **categorical resources**. Review the entire report carefully. If an employee is listed in error, note the correction on the TAC report.

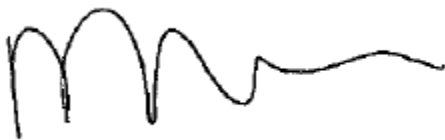
Action to be taken by the Supervisor (i.e., Principals, Division or Department Heads):

- Print the Time Accounting Certification (TAC) report and review it to ensure that all employees are reported with the appropriate distribution of funding indicated.
- If an employee is listed in error or missing, note the correction on the report and follow-up with the appropriate PAR to correct any funding errors.
- Signature is required to certify an employee worked the months on the TAC report. Supervisor's signature is required next to **each month** on the TAC report. (see Attachment 1)
- Supervisor's signature is **required at the bottom of each page of the TAC report.**
Note: Supervisors cannot certify their own work; the page(s) must go to the next level of authority i.e., Director goes to Branch head, Principals go to their Area Superintendents, etc. Send page(s) to your next level of authority to certify each month you work. See example of alternative signing methods in Attachment 1.
- Send the completed Time Accounting Certification (TAC) report to:
Financial Planning, Monitoring and Accountability department
Education Center - Room 3150 Attention: Marcellus Walker
- Maintain a copy of the signed Time Accounting Certification (TAC) report for **seven years.**

Please do not send the TAC report back incomplete. Questions regarding this procedure should be directed to **Marcellus Walker** via e-mail mwalker@sandi.net or call (619) 725-7175.

Thomas P. Liberto
Director, Financial Planning, Monitoring and Accountability

APPROVED:



Debbie Foster.
Executive Director, Financial Planning and Development

TPL:dab

Attachment 1

ATT 1 EXAMPLE

**Peoplesoft
TIME ACCOUNTING CERTIFICATION**

**Supervisor
SIGN and DATE in INK
only each month to
certify employee worked**

Page No. 1
Run Date
09/17/17

Report id: adm999

Location: 0999A
Dept Emplid Name

Jobcode	Descrip	FTE	to Resource/Descr	Dist%	Month	Run Time
0999 000000 0	Iduh Clare 0000 Clerical	0.000000	30100 Title I Basic Program		January	10:30:17
					March	
0999 000000 0	Jane Smith 0000 Teacher	1.000000	30100 Title I Basic Program	100.0%	January	
				100.0%	March	
				100.0%	April	
0999 000000 0	Fudd, Elmer 2040 Teacher	1.000000	30100 Title I Basic Program	100.0%	January	
		1.000000	30100 Title I Basic Program	100.0%	March	
0999 000000 0	Red Waters 0000 Clerical	1.000000	30100 Title I Basic Program	100.0%	January	
					February	
					March	
					April	
					May	
					June	
0999 000000 0	Ifya Remember 0000 Teacher	1.000000	30100 Title I Basic Program	100.0%	January	
					February	
					March	
					April	
					May	

INK ONLY - NO PENCIL

John Doe 2/18/17
John Doe 2/18/17

John Doe 2/18/17
John Doe 2/18/17
John Doe 2/18/17

NOT AT THIS SITE
NOT AT THIS SITE

John Doe 2/18/17

John Doe 2/18/17
John Doe 2/18/17
John Doe 2/18/17

John Doe 2/18/17
John Doe 2/18/17

SEND TO NEXT LEVEL OF AUTHORITY TO CERTIFY THE MONTHS SUPERVISOR WORKED

0999 00000 JOHN DOE 0000 Principal/Manager 1.000000 30100 Title I Basic Program 100.0%

**SUPERVISOR
DO NOT SIGN FOR
YOURSELF**

January
February
March
April

***** Keep copies of records on site for 7 years from today's date *****

I hereby certify that this report is an after-the-fact determination of actual effort expended for the period indicated and I have full knowledge of 100% percent of these activities
Supervisory official having first-hand knowledge of the activity performed by the employee.

Signature: John Doe
Principal/Manager Signature

**Supervisor
SIGN and DATE
BOTTOM of each report
INK only - NO pencil**

Date: 10/23/17
