

ADMINISTRATIVE CIRCULAR NO. 32

Office of the Chief Financial Officer

SAN DIEGO UNIFIED SCHOOL DISTRICT

Date: November 17, 2015

To: Principals, Division and Department Heads

Subject: TIME ACCOUNTING CERTIFICATION (TAC) REPORT
JANUARY THROUGH JUNE 2015

Due Date: **December 18, 2015**

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 Jan – Jun 2015 TAC report with original signatures to:

Financial Planning, Monitoring and Accountability
Attention: Marcellus Walker
Education Center, Room 3126

Due by December 18, 2015

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 **2015 Time Accounting Certification (TAC) report**. The supervisor must have “first-hand” knowledge of 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.

Beginning this year, you will receive an email with a copy of this circular, an example of the Time Accounting Certification (see Att 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 (Principals, Division and 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 Att 1)
- Supervisor's signature is **required at the bottom of each page of the TAC report.**
Note: Supervisors cannot certify their 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 Att 1)
- Send the completed Time Accounting Certification (TAC) report to:
Financial Planning, Monitoring and Accountability department
Attention: Marcellus Walker - Education Center, Room 3126
- 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.

Vikki Henton
Director
Financial Planning, Monitoring and Accountability

APPROVED:



Jenny Salkeld
Chief Financial Officer
Office of Chief Financial Officer

VH:mdj²

Attachment

ATT 1 EXAMPLE

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

**Attachment 1
Example**

Page No. 1
Run Date
01/16/15
Run Time
10:30:17

**Peoplesoft
TIME ACCOUNTING CERTIFICATION**

Report id: adm999
Location: 0999A

to

Dept	Emplid	Name	Jobcode	Descrip	FTE	Resource/Descr	Dist%	Month		
0999	000000	0	Iduh Clare	0000	Clerical	0.000000	30100 Title I Basic Program	*H	January	<u>John Doe 2/18/15</u>
								*H	March	<u>John Doe 2/18/15</u>
0999	000000	0	Jane Smith	0000	Teacher	1.000000	30100 Title I Basic Program		January	<u>John Doe 2/18/15</u>
									March	<u>John Doe 2/18/15</u>
									April	<u>John Doe 2/18/15</u>
0999	000000	0	Fudd, Elmer	2040	Teacher	1.000000	30100 Title I Basic Program		January	NOT AT THIS SITE
									March	NOT AT THIS SITE
0999	000000	0	Red Waters	0000	Clerical	1.000000	30100 Title I Basic Program		January	<u>John Doe 2/18/15</u>
									February	
									March	
									April	
									May	
									June	
0999	000000	0	Ifya Remember	0000	Teacher	1.000000	30100 Title I Basic Program		January	<u>John Doe 2/18/15</u>
									February	<u>John Doe 2/18/15</u>
									March	<u>John Doe 2/18/15</u>
									April	<u>John Doe 2/18/15</u>
									May	<u>John Doe 2/18/15</u>

INK ONLY - NO PENCIL

John Doe 2/18/15
John Doe 2/18/15

John Doe 2/18/15
John Doe 2/18/15
John Doe 2/18/15

NOT AT THIS SITE
NOT AT THIS SITE

John Doe 2/18/15

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

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

January SUPERVISOR'S
February DO NOT SIGN FOR
March YOURSELF
April Next Level Signs

***** 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: 02/18/15
