

# ABC Non-profit

1234 United Blvd.  
Dallas, TX 75555  
Telephone: (214) 555-6644; FAX: (214) 555-6645

# TIME & EFFORT REPORT

**Employee Name:** Jane Q. Coordinator **Pay Period:** 6/21/2020 to 7/4/2020  
**Title:** Program Coordinator **Supervisor:** On Lee N. American  
**Department:** Involvement Program

Must be maintained for all staff whose compensation is wholly or partially charged to award, whether paid by matching funds or federal funds. Not consultants

Record time daily and round to the nearest 15 minutes, or .25 hours. It can also be by percentages, but it must be consistent.

Should coincide with payroll period.

Activities charged to federal grants must be **Allowable, Reasonable, and Allocable.**

|   | T        | W        | TH       | F        | S        | S        | M        | T        | W        | TH       | F        | S        | Total Hrs. |           |
|---|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|------------|-----------|
| Dates                                   | 6.21.12  | 6.22.12  | 6.23.12  | 6.24.12  | 6.25.12  | 6.26.12  | 6.27.12  | 6.28.12  | 6.29.12  | 6.30.12  | 7.1.12   | 7.2.12   | 7.3.12     | 7.4.12    |
| <b>Task or Grant Project</b>            |          |          |          |          |          |          |          |          |          |          |          |          |            |           |
| SIF Employment Assessments & Counseling |          | 5        | 4.75     | 4.5      |          | 2        |          |          | 4        | 8        | 7        | 8        | 8          | 51.25     |
| Fundraising*                            |          |          |          | 2        |          |          |          |          |          |          | 1        |          |            | 3         |
| Headstart Program                       |          | 2        |          |          |          | 6        |          |          | 4        |          |          |          |            | 12        |
| Youth Program                           |          | 1        |          |          |          |          |          |          |          |          |          |          |            | 1         |
| Annual Leave                            |          |          |          | 1.5      |          |          |          |          |          |          |          |          |            | 1.5       |
| Sick Leave                              |          |          | 3.25     |          | 8        |          |          |          |          |          |          |          |            | 11.25     |
| Holiday                                 |          |          |          |          |          |          |          |          |          |          |          |          |            | 0         |
| Leave: Other                            |          |          |          |          |          |          |          |          |          |          |          |          |            | 0         |
| <b>TOTALS:</b>                          | <b>0</b> | <b>8</b> | <b>8</b> | <b>8</b> | <b>8</b> | <b>8</b> | <b>0</b> | <b>0</b> | <b>8</b> | <b>8</b> | <b>8</b> | <b>8</b> | <b>0</b>   | <b>80</b> |

Should be signed at end of pay period by the employee and/or supervisor who has first-hand knowledge.

Must total and not exceed 100 percent effort.

By \_\_\_\_\_ I certify that the time recorded on this time sheet is true and accurate.

Must be used in conjunction with official payroll recordkeeping and help meet DOL regulations for Fair Labor Standards Act

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

**NOTE:** Electronic timesheets are allowed when a grantee (1) has an established, written policy establishing the use of electronic timekeeping systems; (2) has a secure, verifiable electronic signature system that a) identifies and authenticates a particular person as the source of the electronic signature, and b) indicates such person's approval of the time; and (3) does not allow changes to the electronic record once appropriate electronic signatures have been applied unless there is a clear, auditable record of the revision.