**Appendix 2 – Time Distribution Sheet Sample, with Instruction**

**Time Distribution Sheet Sample, with Instruction**

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| **NAME:** | **ID#:** | **POSITION:** |
| **Month/Year:** | **SUBMISSION DATE:** |
| **EMPLOYEE SIGNATURE:** | **SUPERVISOR SIGNATURE:** |
| **DATE---------------------------------------------------------------------------------------------------------------------------**  | **DESCRIPTION--------** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | ACTIVITY FUNDING |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **ACTIVITIES:** |  |  | **FUNDING SOURCE:** |
| **1-Recruitment** | **9-Transportation** |  | **1-Federal Perkins, Postsecondary Title I** |
| **2-Retention** | **10-Professional Development** |  | **2-State Postsecondary CTE** |
| **3-Instruction** | **11-Program Planning** |  | **3-State CTE Program Improvement Grant** |
| **4-Assessment** | **12-Fiscal** |  | **4-ICCB CTE Leadership–Innovation Grant** |
| **5-Counseling** | **13-Clerical** |  | **5- ICCB CTE Leadership–Reg. Collaboration Grant** |
| **6-Administration** | **14-Transitional/Job Placement** |  | **6-WIA-Title I Grant** |
| **7-Child Care** | **15-Research Related Activities** |  | **7-Other (specify)** |
| **8-Data/Information Services** | **16-Other (specify)** |  |  |

**Appendix 2 – Time Distribution Sheet Sample, with Instruction**

**Time Distribution Sheet Sample**

**Instructions**

**This form should be completed by persons who are being paid from two or more grant funds.**

1. **Use one form for each month.**
2. **Each sheet should include the employee name, position, month/year covered, signature of employee, date of submission and signature of supervisor.**
3. **DATE: In the boxes below a specific date, enter the *percentage of time* spent that day on a particular task for a particular funding source. The total for each date must equal 100%.**
4. **DESCRIPTION: Enter the “Activity” and “Funding Source” applicable for the portion of time. Programs may use the numbers provided or abbreviations that are appropriate to their organization detail for the activities and for the funding source. If “Other” Activity (#16) and/or Funding Source (#8) is utilized, please write in a specific description.**
5. **If the detail for a staff member indicates work under Federal Funding that involves travel, there must be correlation between the time distribution sheets and the travel documents for Federal Funding.**

**This is a sample form that may be used or modified by the program. Time distribution is not required to be documented in this format. However, it must reflect the appropriate activity and amount of time spent on activities funded with Federal Sources. Each day must account for 100% of the employee’s time and activities. Expenditure claims for charges to the Federal Funding Source should align with the information included on the time distribution sheets.**