



**Petersburg City Public Schools
Monthly Personnel Activity Report
(Employees Working on Multiple Cost Objectives)**

Section 200.430 of the Code of Federal Regulations provides the following standards for the documentation of personnel expenses:

Charges to federal awards for salaries and wages must be based on records that accurately reflect the work performed. These records must:

- *Be supported by a system of internal control which provides reasonable assurance that the charges are accurate, allowable, and properly allocated;*
- *Be incorporated into the official records of the non-Federal entity;*
- *Reasonably reflect the total activity for which the employee is compensated by the non-Federal entity, not exceeding 100% of compensated activities;*
- *Encompass both federally assisted and all other activities compensated by the non-Federal entity on an integrated basis, but may include the use of subsidiary records as defined in the non-Federal entity's written policy;*
- *Comply with the established accounting policies and practices of the non-Federal entity; and*
- *Support the distribution of the employee's salary or wages among specific activities or cost objectives if the employee works on more than one Federal award; a Federal award and non-Federal award; an indirect cost activity and a direct cost activity; two or more indirect activities which are allocated using different allocation bases; or an unallowable activity and a direct or indirect cost activity.*

Employee Name: = School or Department: **State and Federal Programs**

Reporting Period* **December 1-December 31, 2023**

**Include starting and ending day, month, and year. Time period should not exceed one month.*

Cost Objective <i>Ex. Title I Administrator; Director of Elementary Instruction</i>	Program <i>Ex. Title I Part A; Non-Federal (local)</i>	Distribution of Time <i>Account for total activity for which employee is compensated, not to exceed 100%</i>
Grant Specialist Title I	Federal	50%
Grant Specialist Title II	Federal	5%
State and Federal Programs Associate	Local	45%

I certify that this report is an accurate representation of the total activity expended during the time period.

Employee Signature*: _____ Date _____

Supervisor Signature* _____ Date _____

*Certification should occur after-the-fact.

