Effort Certification Training

COMPLIANCE FOR FEDERAL PROGRAMS

NOVEMBER 2020







Agenda

- ☐ Federal Compliance Requirement
- What is changing?
 - Frequency of Reporting
 - New Form
 - Required Signatures
 - Routing Method
- ☐ Roles & Responsibilities
- ☐ *New* Effort Certificate Form

- ☐ Effort Certification Statement Example
- Revising an Effort Certification
 - How to Run a GL210 Report
- Due Dates
- ☐ Transfers of Expenditure (TOE)
- Instructions for Certifying Electronically
- ☐ Reviewer's Checklist

Federal Compliance Requirement

- 2 CFR Part 200.430, Compensation https://gov.ecfr.io/
- Applicable to federal projects/programs
- Standards for Documentation of Personnel Expenses
- Charges to Federal awards for salaries and wages must be based on records that accurately reflect the work performed.

Federal Compliance Requirement (cont.)

These records must:

- Be supported by a system of internal control which provide reasonable assurance that the charges are accurate, allowable, and properly allocated;
- Be incorporated into the District's official records;
- Reasonably reflect the total activity for which the employee is compensated by the District, not exceeding 100% of compensated activities;
- Encompass both federally assisted and all other activities compensated by the District on an integrated basis, but may include the use of subsidiary records as defined in the District's written policy;
- Comply with the District's accounting policies and practices;
- Support the distribution of the employee's salary or wages among specific activities or cost objectives.

What is Changing?

Frequency of Reporting

 Quarterly for all employees charged to a federal award, (irrespective of whether the employee is working on a single federal award or multiple federal awards)

New Form

- Effort Certification Statement is replacing the Employee Time Report (ETR)
- o The same form will be used for all employees charged to federal awards

Required Signatures

- Will be routed to Project Directors/Administrators for signature. Not to individual employees.
- o If the employee worked on multiple federal awards, the effort certification statement should by signed by the Project Administrator of each federal award noted on the statement.
- Project Director/Administrator's staff can be copied per request.
- Accounting maintains a list of Project Directors/Administrators and staff that receive Effort Certificates. Please notify us if we need to update our list.

What is Changing? (cont.)

Routing Method

- Fiscal Services will be routing Effort Certificates to Project Directors for review and signature through Adobe Sign.
- o Project Directors will receive an email with a link to review and electronically sign effort certificates.
- Benefits: electronic signatures, automated reminders, quicker turnaround time, facilitates electronic document retention.

Effective Date?

Started using the new form in FY 19/20 (January–March 2020)

What is Changing? (cont.)

Lessons Learned:

- o Effort Certificates will still be quarterly. Report period will be three payroll cycles (instead of date range).
 - Due to multiple pay schedules and some pay periods falling in the middle of the month and getting paid the following month.
- Retro, longevity, and professional development will not be included.
- Payroll TOEs on federal programs should not cross quarters.
- Due to need to pull detailed payroll data, Accounting Department should prepare revised Effort Certificates when needed.

Roles & Responsibilities

FISCAL SERVICES

- Generating the initial effort certificates quarterly.
- Preparing revised effort certificates.
- Sending certificates to the Project Administrator for approval.
- Monitoring completion of effort certificates.
- Retention of effort certificates.
- Providing new effort certification training.

PROJECT ADMINISTRATOR

- Compliance with federal requirements.
- Reviewing payroll charges are accurate, allowable, and properly allocated.
- Reviewing effort certificates for accuracy, and notifying the District Accountant of any errors (e.g. if pay distribution does not reasonably match the level of effort).
- Certifying and submitting effort certification statements in a timely manner.

Quarterly Effort Certification Statement (due 90 days after the end of each quarter)

(1	Employee Name:	2	Employee ID:		3 Effort Period:	Calendar Year:			
5	GL Account	Project Number	Project Description	(6) Wages (\$) ¹	Hours	Level of Effort ²			
I	1)	formula-driven		Trages (4)	110410	formula-driven			
	2)		#N/A			#DIV/0!			
	3)					#DIV/0!			
	4)					#DIV/0!			
	5)					#DIV/0!			
	TOTAL: \$ - 0 #DIV/0! Should be 100% 1 Enter total wages for the selected quarter. Do not include benefits, retro, longevity, professional growth. 2 If the level of effort is not accurate, please contact the Project Administrator to initiate a transfer of expense.								
7	CERTIFICATION: I certify that I have reasonable knowledge of the activities performed by the listed employee and that the distribution of activity shown represents a reasonable estimate of the actual work performed for the time listed.								
	Printed Name of Certifier	Title of Certifier		Signature of Certif	ier er	Date			



Employee Name:

Quarterly Effort Certification Statement

Effort Period:

Calendar Year:

(due 90 days after the end of each quarter)

Employee ID:

Jane Doe		1234567		Payroll 1AB - 3AB	2020		
	Project						
GL Account	Number	Project Description	Wages (\$) ¹	Hours	Level of Effort ²		
1) 12-1824-619000-15205-2110	1824	CTE IC - Professional Develop	30,839.37	522.00	88.4%		
2) 11-0000-493062-28300-1310	0000	General Purpose	1,847.60	32.25	5.5%		
3) 11-0000-493062-28300-1315	0000	General Purpose	2,062.44	36.00	6.1%		
4)		•	,		0.0%		
5)					0.0%		
		TOTAL:	\$ 34,749,41	590.25	100.0%		
					Should be 100%		
15-1-1-1-1-1	daa Da aadiisahada l				Should be 100%		
¹ Enter total wages for the selected quar		penefits, retro, longevity, professional gr	owth.		Should be 100%		
¹ Enter total wages for the selected quar ² If the level of effort is not accurate, ple		penefits, retro, longevity, professional gr	owth.		Should be 100%		
		penefits, retro, longevity, professional gr	owth.		Should be 100%		
		penefits, retro, longevity, professional gr	owth.		Should be 100%		
		penefits, retro, longevity, professional gr	owth.		Should be 100%		
² If the level of effort is not accurate, ple		penefits, retro, longevity, professional gr	owth.		Should be 100%		
² If the level of effort is not accurate, ple	ase contact the Proj	penefits, retro, longevity, professional gr ect Administrator to initiate a transfer of	owth. expense.				
² If the level of effort is not accurate, ples CERTIFICATION: I certify that I have reasonable know	ase contact the Proje	penefits, retro, longevity, professional great Administrator to initiate a transfer of	owth. expense.	bution of activity shown re			
² If the level of effort is not accurate, ple	ase contact the Proje	penefits, retro, longevity, professional great Administrator to initiate a transfer of	owth. expense.	bution of activity shown re			
² If the level of effort is not accurate, ples CERTIFICATION: I certify that I have reasonable know	ase contact the Proje	penefits, retro, longevity, professional great Administrator to initiate a transfer of	owth. expense.	bution of activity shown re			
² If the level of effort is not accurate, ples CERTIFICATION: I certify that I have reasonable know	ase contact the Proje	penefits, retro, longevity, professional great Administrator to initiate a transfer of	owth. expense.	bution of activity shown re			

Preparing an Effort Certificate

Step 1: Use the Effort Certificate template.

Step 2: Enter Employee Name and Employee ID Number.

Step 3: Select the Effort Period. 1AB - 3AB; 4AB - 6AB; 7AB - 9AB; or 10AB - 12AB.

Step 4: Enter the Calendar Year of the effort period.

Quarterly Effort Certification Statement

(due 90 days after the end of each quarter)

Employee Name:	Employee ID:	Effort Period:	Calendar Year:
Jane Doe	1234567	Payroll 1AB - 3AB	2020

Step 5: Use the PY9999 Report on the H Drive to find the employee's <u>wages</u>, <u>hours</u>, <u>and GL</u> <u>accounts</u> where pay was charged for the selected quarter. PY9999 will be run to exclude benefits, retro, longevity, and professional growth, and include prior period payroll adjustments (Pay Line Code 560). Populate the effort certificate with the information from the PY9999.

PY9999 Report

Pay Cycle(s)	Employee Name	Employee ID	OCDE Account Code	Pay Line Frequen	Pay Line Rate	Pay Line Unit	Pay Line Amount	Pay Line %	Remarks
2101A	DOE, JANE	9201234567	11-0000-493062-28300-1315	12	57.29	18	1,031.22	1	*SUN LHE LEC
2101B	DOE, JANE	9201234567	12-1824-619000-15205-2110	12	10,279.79	1	10,279.79	1	
2102A	DOE, JANE	9201234567	11-0000-493062-28300-1315	12	57.29	18	1,031.22	1	*SUN LHE LEC
2102B	DOE, JANE	9201234567	12-1824-619000-15205-2110	12	10,279.79	1	10,279.79	1	
2103A	DOE, JANE	9201234567	11-0000-493062-28300-1310	12	57.29	32.25	1,847.60	1	*FAN LHE LEC
2103B	DOE, JANE	9201234567	12-1824-619000-15205-2110	12	10,279.79	1	10,279.79	1	

Note: Pay Line Unit shows hours. Employees can be monthly, hourly, or both (like in the example above)! If you see **1** in this column (and the object code and Pay Line Rate indicate this is a monthly employee), check the PE0010 Report to obtain the # of hours per month this employee works for his/her monthly assignment.

For employee's with monthly assignments, use the PE0010 Report to obtain the # of hours per month this employee works for his/her monthly assignment. Since the Effort Certificate covers 3 payroll cycles, you will need to multiply the hours per month by 3 months to obtain the # of hours worked during the effort period.

PE0010 Report



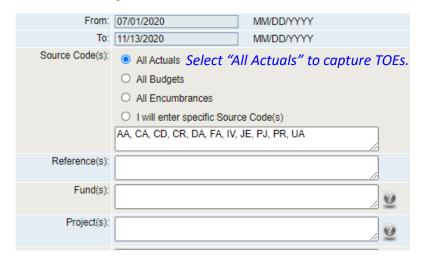
For example, Jane Doe is a salaried employee. She works on average 174 hours each month. She works on average **522 hours** (174 hours x 3 months) during the effort period.

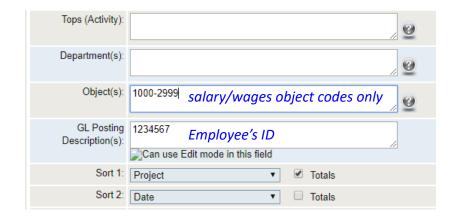
Step 6: Populate the effort certificate based on the PY9999 Report (and PE0010 Report if needed).

Employee Name:		Employee ID:		Effort Period:	Calendar Year:
Jane Doe		1234567		Payroll 1AB - 3AB	2020
	Drainat				
GL Account	Project Number	Project Description	Wages (\$) ¹	Hours	Level of Effort ²
1) 12-1824-619000-15205-2110	1824	CTE IC - Professional Develop	30,839.37	522.00	88.4%
2) 11-0000-493062-28300-1310	0000	General Purpose	1,847.60	32.25	5.5%
3) 11-0000-493062-28300-1315	0000	General Purpose	2,062.44	36.00	6.1%
4)					0.0%
5)					0.0%
	590.25	100.0% Should be 100%			
¹ Enter total wages for the selected q ² If the level of effort is not accurate, p		ide benefits, retro, longevity, professio Project Administrator to initiate a trans	_		

Step 7: Next, run the GL0210 to identify any payroll TOEs that posted related to the effort period. Use the employee ID to pull the data. Do not include benefits.

GL0210- GL Activity





Date	Account	Src	Reference	Description	Debit	Credit	Net	
09/30/20	11 0000 493062 28300 1310	PR	CTPY2103A	CE1234567DOE	1,847.60	0.00	1,847.60	
						Subtotal:	1,847.60	
07/31/20	11_0000_493062_28300_1315	PR	CTPY2101A	CE1234567DOE	1,031.22	0.00	1,031.22	
08/31/20	11 0000 493062 28300 1315	PR	CTPY2102A	CE1234567DOE	1,031.22	0.00	1,031.22	
						Subtotal:	2,062.44	
07/31/20	12_1824_619000_15205_2110	PR	CTPY2101B	CL1234567DOE	10,279.79	0.00	10,279.79	
08/31/20	12 1824 619000 15205 2110	PR	CTPY2102B	CL1234567DOE	10,279.79	0.00	10,279.79	
09/30/20	12_1824_619000_15205_2110	PR	CTPY2103B	CL1234567DOE	10,279.79	0.00	10,279.79	
	12 1824 619000 15205 2110		PENDING	1234567 DOE 1B-3B			-15,419.69	50%
						Subtotal:	15,419.69	
	12 1826 619000 15205 2110		PENDING	1234567 DOE 1B-3B			15,419.69	50%
						Subtotal:	15,419.69	

Step 8: Based on the TOE, update the GL accounts, wages, and hours.

Employee Name:		Employee ID:		Effort Period:	Calendar Year:			
Jane Doe		1234567		Payroll 1AB - 3AB	2020			
	Project							
GL Account	Project Number	Project Description	Wages (\$) ¹	Hours	Level of Effort ²			
1) 12-1824-619000-15205-2110	1824	CTE IC - Professional Develop	15,419.69	261.00	44.2%			
2) 12-1826-619000-15205-2110	1826	CTE IC - SSS Placement/Worksti	15,419.69	261.00	44.2%			
3) 11-0000-493062-28300-1310	0000	General Purpose	1,847.60	32.25	5.5%			
4) 11-0000-493062-28300-1315	0000	General Purpose	2,062.44	36.00	6.1%			
5)					0.0%			
	590.25	100.0% Should be 100%						
¹ Enter total wages for the selected quarter. Do not include benefits, retro, longevity, professional growth. ² If the level of effort is not accurate, please contact the Project Administrator to initiate a transfer of expense.								

Step 9: Review the Effort Certificate. Ensure all fields highlighted in yellow are completed.

Step 10: Route the revised Effort Certification Statement to the designated Project Director/Administrator for approval. See the list of Project Directors/Administrators who sign-off Effort Certificates. If requested by the Project Director/Administrator, copy their staff.

Step 11: Once the revised Effort Certificate is signed, attach it to the TOE and submit the TOE for review/approval. After the TOE cut-off deadline, a revised Effort Certificate must be submitted with the TOE.

Due Dates

Initial Effort Certificates are due **90 days** after the end of each quarter.

Quarter	Effort Period	TOE Cutoff Date*	Effort Certificates distributed by	Certification Due Date
Q1	1AB - 3AB	November 18 th	December 2 nd	December 16 th
Q2	4AB - 6AB	February 17 th	March 3 rd	March 17 th
Q3	7AB – 9AB	May 19 th	June 2 nd	June 16 th
Q4	10AB - 12AB	See YE calendar	September 1st	September 15 th

Transfers of Expenditure (TOE)

- Payroll TOEs submitted by the TOE cut-off date do not need to be accompanied by a revised Effort Certificate. The initial Effort Certificate will reflect payroll TOEs processed as of the cut-off date.
- Payroll TOEs that are submitted after the TOE cut-off date must be accompanied by a revised Effort Certificate.

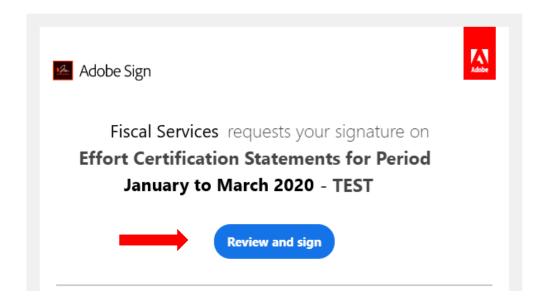
Transfers of Expenditure (TOE) (cont.)

- When submitting payroll TOEs, departments can transfer salaries and benefits related to 1 to 3 payroll cycles on a single TOE as long as the payroll cycles are in the same quarter. If transferring salaries and benefits that cross quarters, please complete 1 TOE for each quarter.
 - The table below shows the payroll cycles included in each quarter.

Q1	Q2	Q3	Q4
1AB – 3AB	4AB – 6AB	7AB – 9AB	10AB - 12AB

o For example: To transfer Jane Doe's salaries and benefits for 1B thru 4B, complete a TOE for 1B thru 3B and another TOE for 4B.

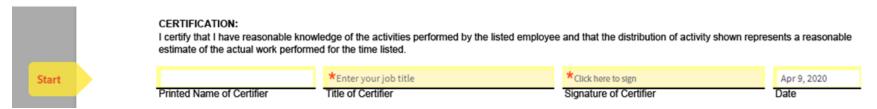
Step 1: Project Directors will receive an email requesting signature. Click on "Review and Sign" to open the Effort Certification Statement(s).



Step 2: Review effort certificate for accuracy, and notify the District Accountant of any errors (e.g. if pay distribution does not reasonably match the level of effort).

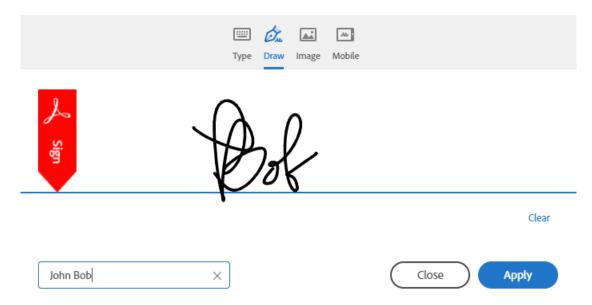
Employee Name:		Employee ID:		Effort Period:	Calendar Year:			
Jane Doe		1234567		Payroll 1AB - 3AB	2020			
	Project							
GL Account	Number	Project Description	Wages (\$) ¹	Hours	Level of Effort ²			
1) 12-1824-619000-15205-2110	1824	CTE IC - Professional Develop	30,839.37	522.00	88.4%			
2) 11-0000-493062-28300-1310	0000	General Purpose	1,847.60	32.25	5.5%			
3) 11-0000-493062-28300-1315	0000	General Purpose	2,062.44	36.00	6.1%			
4)					0.0%			
5)					0.0%			
	TOTAL: \$ 34,749.41 590.25							
Should be 100% 1 Enter total wages for the selected quarter. Do not include benefits, retro, longevity, professional growth. 2 If the level of effort is not accurate, please contact the Project Administrator to initiate a transfer of expense.								

Step 3: You will be prompted where to certify. Enter your job title.



Then, click on the signature field.

When you click on the signature field, you will need to choose 1 of 4 options to add your signature (type, draw, image, or mobile). Add your signature, then click "Apply".



"Click to Sign" to complete certification. The certified form will be electronically submitted to Fiscal Services. You will receive a copy.

CERTIFICATION:

I certify that I have reasonable knowledge of the activities performed by the listed employee and that the distribution of activity shown represents a reasonable estimate of the actual work performed for the time listed.

John Bob	Director of XXXXXX	plan sub (spr q. xxx)	Apr 9, 2020
Printed Name of Certifier	Title of Certifier	Signature of Certifier	Date

I agree to the Terms of Use and Consumer Disclosure of this document

Click to Sign

Reviewer's Checklist

- ✓ Employee Name
- ✓ Employee's ID Number
- ✓ Effort Period (quarterly)
- ✓ Calendar Year
- ✓ Pay distribution percentages reasonably reflect the level of effort.

FAQs

A link to frequently asked questions can be found <u>here</u>.

Questions?