

Sugar-Salem Joint School District #322 **Form# 7235F2**
Payroll and Absence Report {Certification of Time and Effort} 2021-22 School Year
 Type of Certification: Multiple cost objectives with predetermined, set schedule (monthly)

updated A/B/C

Employee Name: _____

	Cost Objective:	Grant Program:	Fund Code:	Job Code:	School:	Pay Code:
Area 1:						
Area 2:						
Area 3:						
Area 4:						

Classified HOURLY School(s): _____

	Day of Week:	Day of Month:	Daily Total		Area 1		Area 2		Area 3		Area 4		WEEKLY TOTAL	Substitute - Leave - Comments:
			Hour	Min.	Hour	Min.	Hour	Min.	Hour	Min.	Hour	Min.		
Month	M		0.00		0.00		0.00		0.00		0.00			
	T		0.00		0.00		0.00		0.00		0.00			
	W		0.00		0.00		0.00		0.00		0.00			
	Th		0.00		0.00		0.00		0.00		0.00			
	F		0.00		0.00		0.00		0.00		0.00			
												0.00	WEEKLY TOTAL	
Year	M		0.00		0.00		0.00		0.00		0.00			
	T		0.00		0.00		0.00		0.00		0.00			
	W		0.00		0.00		0.00		0.00		0.00			
	Th		0.00		0.00		0.00		0.00		0.00			
	F		0.00		0.00		0.00		0.00		0.00			
												0.00	WEEKLY TOTAL	
2021	M		0.00		0.00		0.00		0.00		0.00			
	T		0.00		0.00		0.00		0.00		0.00			
	W		0.00		0.00		0.00		0.00		0.00			
	Th		0.00		0.00		0.00		0.00		0.00			
	F		0.00		0.00		0.00		0.00		0.00			
												0.00	WEEKLY TOTAL	
	M		0.00		0.00		0.00		0.00		0.00			
	T		0.00		0.00		0.00		0.00		0.00			
	W		0.00		0.00		0.00		0.00		0.00			
	Th		0.00		0.00		0.00		0.00		0.00			
	F		0.00		0.00		0.00		0.00		0.00			
												0.00	WEEKLY TOTAL	
	M		0.00		0.00		0.00		0.00		0.00			
	T		0.00		0.00		0.00		0.00		0.00			
	W		0.00		0.00		0.00		0.00		0.00			
	Th		0.00		0.00		0.00		0.00		0.00			
	F		0.00		0.00		0.00		0.00		0.00			
												0.00	WEEKLY TOTAL	
			MONTHLY TOTAL		Area 1 total		Area 2 total		Area 3 total		Area 4 total			
Totals:			0.00		0.00		0.00		0.00		0.00		0.00	MONTHLY TOTAL

Office Use: \$ #DIV/0! \$ #DIV/0! \$ #DIV/0! \$ #DIV/0!

***My signature indicates that I certify the above time is accurate. I understand that compensation will be appropriately applied.

Employee Signature: _____
 Signature: _____
 (Building Level Supervisor) _____
 (Building Level Supervisor) _____
 (Federal Programs Director) _____

Date: _____
 Date: _____
 Date: _____
 Date: _____