

# MATHIS INDEPENDENT SCHOOL DISTRICT



## TIME & EFFORT – SEMI-ANNUAL

**For employees who are compensated from only one Federal funding source:**

Employee Name \_\_\_\_\_ For the month/year: \_\_\_\_\_

Position Title \_\_\_\_\_

Report for the period ended September 1 – December 31, \_\_\_\_\_

(Check One) January 1 – June 10, \_\_\_\_\_

**For the period shown above, 100% of my time and effort was devoted to the Federally-funded activity named below.**

**Grant/Fund Title:** \_\_\_\_\_

We certify that the information provided above is correct.

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

Principal/Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit the completed and signed form to the Payroll Department by the following dates:**

**Submit by January 15 for the period ending December 31.**

**Submit by June 1 for the period ending June 10.**