

**Canastota Central Schools**

**Certification of Employee's Allocation of Salary**

Employee:

Job Title:

Pay Periods: Salary

**Total Amount of Compensation Paid by Code:**

Description	Code	Amount Paid	%
Salary			
<b>Total:</b>		<b>\$0.00</b>	

% Should accurately reflect the total FTE that an employee works.

Code	FED Y/N	Duties Performed	% Time Spent

I certify that I performed the duties described above in the time allocation indicated.

\_\_\_\_\_  
Employee's Signature Date

\_\_\_\_\_  
Supervisor's Signature Date

Note: This form should be completed at a minimum of at least every four weeks to coincide with the payroll periods for employees who are split between one or more Federal programs or a Federal and a non-Federal program. For employees totally assigned to one Federal program, this program should be completed at least every six months.

This form is to be kept on file in the Business Office for review by independent auditor and state auditors.