

# KIPP: Nashville Board of Directors

Monitoring:	Descriptor Term:	Policy:	Issued:
Annually	<b>Payroll</b>	2802	12/6/19

- 1 KIPP Nashville's pay policy is to ensure staff is accurately and timely compensated for all
- 2 time worked.
  
- 3 All KIPP employees are paid once every two weeks for the days worked in the pay period.
- 4
  - Our pay week runs Sunday through Saturday.
  - 5 • Our pay period runs one week behind the pay week.
  - 6 • KIPP Nashville pays on a bi-weekly basis.
  - 7 • Standard payroll deductions apply, including mandatory taxes and pension
  - 8 contributions, and voluntary medical, dental, vision, and insurance premiums.
  - 9 • The 11-month work schedule includes, but is not limited to teachers, counselors,
  - 10 specialists. Salaried (not hourly) employees in this category who are in good standing
  - 11 on the last day of the school year are paid through the end of the fiscal year.
  - 12 • The 12-month work schedule includes, but is not limited to, School Support Team
  - 13 members, Operations Team members and School Leadership Teams. All 12-month
  - 14 employees are paid for days worked throughout the calendar year.
  - 15 • Managers review and approve hourly employees' timesheets each week and submit
  - 16 them to payroll by the end of the pay period to be processed in the bi-weekly pay
  - 17 schedule
  - 18 • KIPP Nashville does not make advanced payments.
  - 19 • KIPP Nashville method of payment includes direct deposit or paper check.
  
- 20 All employees whose work is funded fully (100%) by a single cost objective or grant award
- 21 will complete a semi-annual certification (see Appendix A: Semi-Annual (SA) Time and
- 22 Effort Certification). The semi-annual certification will be:
- 23
  - Completed at least every six (6) months (twice a year);
  - 24 • Signed by the employee or the supervisor with direct knowledge of the work being
  - 25 performed;
  - 26 • Reflect an after-the-fact distribution of the actual activity; and
  - 27 • Account for the total activity for which each employee is compensated.
  
- 28 A PAR (See Appendix B: Personnel Activity Report) must be completed if an employee is
- 29 funded partially on one (1) or more grant cost objective(s). It provides a written record of
- 30 an employee's work activities used to document that employee's time to grants or projects.
- 31 It must be completed monthly and supported by a daily calendar of activities. All
- 32 employees who work on multiple cost objectives must complete PARs that support the
- 33 distribution of their salaries /wages that meet the following standards:

- 1 1. Reflect an after-the-fact distribution of the actual activity, not budget estimate;
- 2 2. Account for the total work activity for which each employee is compensated;
- 3 3. Are prepared at least monthly (A separate PAR for each month) & coincide with one
- 4 (1) or more pay periods; and
- 5 4. Are signed by the employee.

6 All employees who are paid in full or in part with federal funds must keep specific  
7 documents to support the amount of time they spent on grant activities as reflected in  
8 each month's PAR. This includes an employee whose salary is paid with state or local funds  
9 but is used to meet a required "match" in a federal program. These documents, known as  
10 time and effort records, should be maintained in order to charge the costs of personnel  
11 compensation to federal grants. Examples of records used to support the time entered in  
12 each month's PAR include desk calendars or written records of activity for each day/week.

# Appendix A

## Semi Annual

This form is provided in accordance to 2 CFR §200.430(i) Standards for Documentation of Personnel Expenses. As such, I certify that **100%** of the position of the employees listed below are allowable and allocable to

\_\_\_\_\_ activities under

\_\_\_\_\_

(Title I School Wide Plan, Title IIA, Title III, Title IV, Title V, Title VI, Title X, Consolidated

Administration) funds for the period beginning \_\_\_\_\_ and ending

\_\_\_\_\_.

Name of Employee	Position	Employees Signature	Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
School Name / Job Location

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# Appendix B

## Personnel Activity Report (PAR)

Employee Name: \_\_\_\_\_

Employee Identification No: \_\_\_\_\_

Month	Year	Percentage of Time Worked by Activity							BEP	TOTAL % of Time Worked
		Title I School Wide Plan %	Title II %	IDEA %	Pre K Expansion %	County Commission %	Volunteer Pre K %	Safe School %		

The signatures below certify this employee performed activities reflected in the attached log as distributed by the above percentages during the month specified.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Signature of Supervisor (optional)

\_\_\_\_\_  
Date

*\*Only provide information/percentages for the grants in which you are awarded.*