

**Division of Adult Education
Indiana Department of Education**

QUARTERLY PRORATION OF EMPLOYEE TIME IN ADULT EDUCATION

This form must be completed and submitted quarterly by all adult basic and secondary education personnel when a portion of their salary is paid by federal or local matching funds, and their time is shared with other programs. A part-time person paid entirely by federal funds is not required to complete the form. Written documentation of time reported must be maintained.

Agency _____

Employee Name _____

Position _____

I, _____ have worked (how many) _____ hours
in the adult education program during the quarterly period from
_____ to _____. This represents
\$_____ or _____% of my salary which is paid
from federal or local matching funds.

Employee Signature

Date

Program Director Signature

Date