

Semi-Annual Certification

School/District: _____

Federal Program: _____

For the Six-Month Period of: _____ through _____
 Month/Year Month/Year

I certify that the employee(s) listed below worked 100% of their time on activities authorized by the federal program state above.

Employee Name	Title	Employee Signature	Date

_____ Date

This form is to be completed every six months for any employee who is paid solely with federal funds from a single federal grant.

**Signatures must be dated AFTER the last date of service.*