Semi-Annual Certification

School/District: Jewett Elementary

Federal Program: Title I

For the Six-Month Period of: 1/1/2016 (Month/Year) through 6/30/2016 (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
Nanette Thompson	Teacher		7/1/2016

*Supervisory Official's Signature

7/1/2016
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.*