



SILVER CREEK SCHOOL CORPORATON

TIME AND EFFORT CERTIFICATION – EMPLOYEE WITH FIXED SCHEDULE

EMPLOYEE: _____

POSITION: _____

SCHOOL: _____

CERTIFICATION PERIOD: 8/12/2020 to 1/15/2021

Type of Schedule:

Daily _____ Weekly _____ Biweekly _____ Other: _____

Table with 2 columns: Program or Cost Objective, Distribution of Time. Rows include Title I, Part A, IDEA, Part B, Title II, State and Local, and TOTAL.

I certify that I performed work consistent with the attached schedule an as distributed in the above percentages during the Certification Period.

Employee Name: _____ Date: _____

Employee Signature _____ Date: _____

I certify firsthand knowledge that the above employee performed work consistent with the attached schedule and as distributed in the above percentage(s) during the Certification Period.

Supervisor Name: _____ Date: _____

Supervisor Signature _____ Date: _____