

**Compton Unified School District
Semi-Annual Certification for Single Funded Categorical Personnel**

This form is to be used by employees paid 100% Title I Schoolwide Program.

Part 1

Period: July – December 2014

Fiscal Year: 2014 - 2015

Employee: _____

Site: _____

Position: _____

Program: Title I – School Wide Program

I hereby certify that this report is an after-the fact determination of actual effort expended for the period indicated and I have full knowledge of 100% of these activities.			

Employee	Date	Principal/Administrator	Date

Part 2

Period: January – June 2015

Fiscal Year: 2014 – 2015

Employee: _____

Site: _____

Position: _____

Program: Title I School Wide Program

I hereby certify that this report is an after-the fact determination of actual effort expended for the period indicated and I have full knowledge of 100% of these activities.			

Employee	Date	Principal/Administrator	Date

Complete and keep one copy on file at the School Site and send one copy to the Office of Special Projects