



**Supervisor's  
Certification / Assurance**

This form is required to be signed twice annually by the employee(s) paid solely from a single federal fund (for example, Title I, Title II, IDEA Part B, etc.) or who work solely on a single cost objective and should be available for audit and monitoring reviews.

SDE recommended tracking states "where employees are expected to work solely on a single federal award or cost objective charges for their salaries and wages will be supported by periodic certifications that the employees worked solely on the program for the period covered by the certification. These certifications will be prepared at least semi-annually and will be signed by the employee and supervisory official having first-hand knowledge of the work performed by the employee."

I, \_\_\_\_\_, \_\_\_\_\_  
(Name) (Title)

Certify that 100% of my time has been spent performing duties associated with \* \_\_\_\_\_  
\_\_\_\_\_ for the period of (July 1 through  
December 31) or (January 1 through June 30) of the current year.  
(Underline or circle the correct period)

*\*Insert the name of the federal award or cost objective. Cost objectives could include special education, IDEA Part B Maintenance of Effort, Preschool program, etc.*

\_\_\_\_\_ Employee signature Date \_\_\_\_\_

I certify that I have knowledge of this employee's attendance and total hours compensated, as represented in this report for the months indicated, and that the work performed is appropriate for the funding source requirements.

\_\_\_\_\_  
Supervisor's Signature Date

\_\_\_\_\_  
Title School Name / Job Location