



**Employee
Certification / Assurance**

PURPOSE OF THIS FORM: This form is to be completed by any employee funded full time (100%) from a single federal grant award. Use this form if the School District requires each full-time employee to sign a separate certification/assurance.

Employee: _____

Reporting Period: _____

Cost Objective (Program Activity)	Grant Program	Fund Code – Function Code	Distribution of Time (Percentage of Hours)

I hereby certify this report is an accurate representation of the total activity expended during the period indicated.

Employee's Signature

Date

Position

School Name / Job Location

Reviewed by supervisor: _____ Date: _____