

**Lakeland Joint School District**

**FINANCIAL MANAGEMENT**

**7235PF2**

Multiple Cost Objective Time and Effort Certification

Employee: \_\_\_\_\_ Position: \_\_\_\_\_

Reporting Period: \_\_\_\_\_

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

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Reviewed by supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Procedure History:

Adopted on: February 14th, 2024

Promulgated on:

Revised on:

Reviewed on: