

Semi-Annual Certification

(Only for staff working on a single cost objective)

This is to certify that _____ has worked
(Employee's Name)

100% of his/her time for the period _____ through
(Beginning of Time Period)

_____ on _____ cost objective.
(End of Time Period) (Program number or name; [e.g. Title I, Part A])

Employee Signature

Date

Printed Name of Employee

Immediate Supervisor

Date

Printed Name of Supervisor

Note: Per OMB Circular A-87, Appendix B, 8(h)(3), this certification must be prepared at least semi-annually and signed by the employee OR supervisory official having first-hand knowledge of the work performed.