

Semiannual Certification
For employee working on a single federal cost objective
Form 2 of 2

FP 100-3B

Semiannual Period: _____

Fiscal Year: _____

This is to certify that the following employee worked 100% of the time during the period of _____ through _____ under the
(last day worked)

following program _____
Program Title CFDA#

Position/Job Title: _____

Employee Printed Name: _____

Employee Signature: _____

Principal/Supervisor Signature: _____

This report is an after-the-fact determination of the total activity and actual effort expended for the period indicated, and I have knowledge of 100% of these activities.

Federal Programs Supervisor Signature

Date

Completion of this form is required for all federally funded participating employees working on a single cost objective. Submit to the Federal Programs Dept. with the termination form upon completion.