

**HAYWARD UNIFIED SCHOOL DISTRICT
FEDERAL TIME ACCOUNTING
SEMI-ANNUAL CERTIFICATION**

Period Ending Fiscal Year

Name (s)	Position/Title
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Location/Department Hours per day

Categorical Program(s)

Program Code(s)

Job Function

I hereby certify that employees were funded solely (100%) from the above program funds or worked solely on these program (s), single cost objective or single indirect cost activity. Please note that the responsible supervisor signature satisfies the compliance requirement.

*Responsible Supervisor Signature

Date

* Supervisor having first-hand knowledge of the activities

NOTE: Must be turned in by January 31 and June 30 (or last day of work for fiscal year).