

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

Period Ending	<input type="text"/>	Fiscal Year	<input type="text"/>
Name	<input type="text"/>	Position/Title	<input type="text"/>
Location/Department	<input type="text"/>	<input type="text"/>	<input type="text"/>
Categorical Program(s)	<input type="text"/>		
Program Code(s)	<input type="text"/>		
Job Function	<input type="text"/>		

I hereby certify that I was 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 EITHER the employee signature OR the responsible supervisor signature satisfies the compliance requirement.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

OR

\_\_\_\_\_  
\*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).**