

Semi-Annual Certification for an Individual Employee

I, (employee name, job position), hereby certify that for the period (month, day, year) through (month, day, year) I worked solely on (name of single cost objective).

Employee Signature _____ Date _____
Supervisor Signature _____ Date _____

Semi-Annual Certification for a Schoolwide Building

I, (principal name), hereby certify that for the period (month, day, year) through (month, day, year) the following employees at (school building name) worked solely on activities allowable and funding combined under our schoolwide program.

- (Employee Name)
- (Employee Name)
- (Employee Name)
- (Employee Name)
- (Employee Name)
- (Employee Name)

Principal Signature _____ Date _____