**Semi-Annual Certification**

**Activity Report for Employees Coded to a Federal Grant**

**School Year 20\_\_ - \_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Public Schools**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Funding (\_\_\_\_ %) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Funding (\_\_\_\_ %)**

**(Federal Program salary paid from) (Other source of funding, ie District)**

**For the 1st Semester 20\_\_\_ - \_\_\_ School Year**

**I certify that the employee listed below worked 100% of their time on a single federal award or cost objective.**

|  |  |
| --- | --- |
| **Employee Name** | **Employee Title** |
|  |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisory Signature Date**

