

**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