**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**

It is the policy of the Nebraska Department of Education not to discriminate on the basis of gender, disability, race, color, religion, marital status, age, national origin or genetic information in its education programs, administration, policies, employment or other agency programs.