

Time & Effort: Semi-Annual Certification Form

Activity Report for Employees Coded to a Federal Grant

School Name:	
School Year:	
Semester:	

Federal Program

Name of Program	Distribution of Time (%)
TOTAL:	100%

(Include all funding sources if applicable- must equal 100%)

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:

Note: This form must be completed at least semi-annually (minimum of twice per year) **AFTER** the work has been completed.