

**SEMI ANNUAL CERTIFICATION**

Name of Organization: \_\_\_\_“Presidents School District #99-9” \_\_\_\_

Employee's Name: \_\_\_\_\_

Time Period <sup>(1)</sup>: \_\_\_\_\_

| Cost Objective                                    | <i>Distribution of Time</i> |
|---|-----------------------------|
| Title I Part A Teacher in “Washington Elementary” | 100%                        |
|   |                             |
|   |                             |
|   |                             |
| <b>Total</b>                                      | <b>100%</b>                 |

I certify that to the best of my knowledge that this is an after-the-fact determination of my actual activities for this time period.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature <sup>(2)</sup>: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>(1)</sup>Employees working on a **single cost objective** are required to prepare **semi-annual** (every six months or semester) reports.

<sup>(2)</sup> Supervisory official having first hand knowledge of the activity performed by employee.