## **Semi-Annual Time Certification**

Period Start Date:	7/1/2019 Period End Date:	12/31/2019	FY:	20
Employee Name:	Jane Doe	<u> </u>	District:	ACME
Employee Title:	21 Century Coordinator	<u> </u>	Dept:	Federal Programs
Supervisor Name:	John Doe	_		
Program Code:	20ASFT	Charge Perce	entage: 100% OK	
Grant Name:	21st Century Community Learning Centers	Cost Object:		7910
I certify that 100% of my time was spent working on the above grant program or cost objective.				
Employee Signature:	Jane Dee	Date:	12/30/2019  Error: Can't be before Period End Date	
Supervisor Signature:	John Dee	Date:	En	
Supervisor Signature:	John Doe	Date:	En	d Date
Supervisor Signature: Comments:	John Dee	Date:	En	d Date 1/2019

## Instructions

Where employees are expected to work solely on a single Federal award or cost objective, charges for their salaries and wages will be supported by periodic certifications that the employee worked solely on that program for the period covered by the certification. The certifications will be prepared at least semi-annually and will be signed by the employee and their supervisor having first-hand knowledge of the work performed by the employee.

If Desired you can build in validation requirements. The cells in Green and Red above have built in validations so that errors are identified at the time of entry.