**FEDERAL PROGRAM EMPLOYEE CERTIFICATION FORM**

|  |  |
| --- | --- |
| ***Instructions:*** Employees working entirely on **a single cost objective** during the report period are required to complete this certification form immediately following the end of each six-month reporting period or earlier, if the employee vacates the position. The certification must be signed by the employee or by the supervisor having first-hand knowledge of the work performed. The form must be made available to state and federal auditors upon request.  ***Purpose of Form:*** To comply with OMB Circular A-87, employees are required to periodically certify that they worked 100% on a single cost objective for the period covered by the certification. | |
|  |  |
| **Time Reporting Period (check one box)** | **January 1 through June 30,** |
| **July 1 through December 31,** |

I, (principal name) , hereby certify that for the period marked above, the following employees spent 100% of their time performing duties pertaining to the cost objective for which their position was funded.

|  |  |  |
| --- | --- | --- |
| **Employee Name** | **Position** | **Cost Objective funded by:** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Principal Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_