

**100% Federal Payroll Certification**

Name: \_\_\_\_\_

Building: \_\_\_\_\_

Grant Name: \_\_\_\_\_

6-Month Period:      Start Date: \_\_\_\_\_      Stop Date: \_\_\_\_\_

In accordance with the District's plan, I have performed services for (ISD/School District) as a

Job Title: \_\_\_\_\_

I have spent 100% of my time in the performance of these services for the period noted above. I understand that this certification is required by Office of Management and Budget (OMB) Circular A-87, Cost Principles for State, Local and Indian Tribal Governments, and the misrepresentation of facts is a violation of Federal Law.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit completed form to Program Director – Business and Accounting, the Monday following the period in which time is recorded**