

**EAST CARROLL PARISH SCHOOLS
Federal Programs**

Semiannual Employee Certification

Program/Activity/Description CFDA #: 28-06-18

Semi-annual period: _____ State Fiscal Year: _____

Employee Name: _____ Program: 28-16-18 (Title I)

I hereby certify that for the period _____ through _____, I spent _____ (%) of my time on the above-referenced program. This report is an after-the-fact determination of the total activity and actual effort expended for the period indicated, and I have full knowledge of 100% of these activities.

Employee Signature

Date

Principal/Supervisor

Date

Completion of this form is required for all federally funded and state participating employees working on single cost objectives. Submit to payroll upon completion.