

# Certification Statement for Employees Working on a Single Grant

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SUPERVISOR: FOR THE PROJECT AND GRANT DESCRIBED BELOW, I CERTIFY THAT THE  
EMPLOYEE WORKED SOLELY ON SUCH GRANT ACTIVITIES FOR THE PERIOD INDICATED.

PROGRAM NAME

School

Principal

.....  
Emp ID      Employee Name      FTE      PROJ#      GRANT      Funding Source

Please complete the information below:

Employee's Position

% worked on this program

100%

Employee's Signature

Supervisor's Signature

Date of Signature

Date of Signature