# Semi-Annual Certification Statement

# for employees working 100% of their time on Perkins V allowable activities

## COLLEGE NAME Time Certification Form

Date:

This is to certify that I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have worked **100%** of my time from DATE through DATE on Perkins V allowable Career and Technical Education program activities. Funding for my position is

\_\_\_\_\_% Perkins Grant

\_\_\_\_\_% Local/Other Funds

Signature Position/Title

**Supervisor**:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have full knowledge of 100% of these activities.

Signature Position/Title

**Perkins Primary Contact**:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have reviewed this activity report.

Signature Position/Title