# Semi-Annual Certification Statement

# for Employees Working in a Single Federal Award

## 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 **100%** from the Perkins V Local Basic Grant.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Signature Position/Title Date

**Supervisor**:

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

Signature Position/Title Date

**Perkins Primary Contact**:

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

Signature Position/Title Date