



Periodic Certification
 (Staff working solely on one federal cost objective)
IDEA or Federal Preschool

Time period: _____ through _____

I certify that the employees listed below worked solely on: _____
 during the time period indicated above. (Cost Objective, i.e., IDEA or Federal Preschool)

This form must be signed by a supervisory official having first-hand knowledge of the work performed by the employees listed below.

Name of Employee
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
Supervisor (Print Name)
Supervisor Signature
Date

Reference

2 C.F.R. Part 200 (§200.430(i)) Where employees are expected to work solely on a single Federal award or cost objective, charges for their salaries and wages will be supported by periodic certifications that the employees worked solely on that program for the period covered by the certification. These certifications will be prepared at least semi-annually and will be signed by the employee or supervisory official having first-hand knowledge of the work performed by the employee.

This is an after-the-fact certification of time worked; therefore, it should be signed and dated after the end of the time period.