



**Georgia Department of Education  
Periodic Certification Form  
IDEA or Federal Preschool**

**District:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Part I:**

**To be completed by the employee**

I understand that my position is supported entirely by funds from IDEA or Federal Preschool. I certify that 100% of my job duties were related to activities in compliance with this program during the period from \_\_\_\_\_ to \_\_\_\_\_. The information recorded on this form is true and correct to the best of my knowledge.

\_\_\_\_\_  
Print Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Part II:**

**To be completed by a supervisor having firsthand knowledge of the employee's work**

The information recorded on this form is true and correct to the best of my knowledge.

\_\_\_\_\_  
Print Supervisor 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.