SINGLE COST OBJECTIVE

SEMI-ANNUAL CERTIFICATION

# [DISTRICT] - ISD #[ ]

The form is to be used by employees who work on a single cost objective. Semi-annual certification is required to ensure that employees worked 100% of compensated time within a single cost objective for the period covered by the certification.

Reporting Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  **Employee Name** | **Position** | **Cost Objective** | **Federal Program** |
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*I certify that I have first-hand knowledge of the daily work activities performed by the above named employees for the period covered and this is an after-the-fact determination of the total activities for which they have been compensated.*

Supervisor Signature, Title Date