GRANTEE TIME CERTIFICATION FORM

DIVISION NAME: _____

PERIOD COVERED: _____ **thru** _____

EMPLOYEE FULL NAME	DATE	EMPLOYEE FUNDING SOURCES	*INITIAL	FUNDING SOURCES (IF CHANGED)	DATE OF CHANGE	*INITIAL	**SEPARATE/LEAVE/ TRANFER (CHECK BOX)	EFFECTIVE DATE	*INITIAL

Requirement:

OMB Circular A-87 Revised H (3)

(3) Where employee 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 semi-annually and will be signed by the employee or supervisory official having firsthand knowledge of the work performed by the employee.

**By initialing employee certify that they worked solely on the program for the period covered by the certification.*

*** If employee is not present, the supervisor or manager can initial for that employee.*