Grantee Time Certification Form

Grantee: _____ **Grant #:** _____

Federal Fiscal Year: _____

Employee Full Name	Date	Funding Source	*Initials (Oct 1st – Mar 31st)	*Initials (Apr 1st – Sep 30th)

Requirements:

2 CFR 225, Appendix B,8 (h)

(3) 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 firsthand knowledge of the work performed by the employee.

*By initialing, employee certifies 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.

Revised: April 5, 2016