Print Form

Federal Funding Compliance

Time and Effort Log

Fiscal Year _____ Bi-annual Certification

Name of School District :

Federal Funding Source :

Beginning Date ex. MM/DD/YY:

Ending Date ex. MM/DD/YY:

OMB Circular A-87 requires employees who are compensated by federal grant dollars and work solely federal award to submit at least semi-annual certifications that the employee worked solely on that program. OMB Circular A-87 Appendix B.8.(8).(3)

I certify that the employee(s) listed below worked 100% of their time on activities authorized by the federal funding source stated above.

Employee Full Name	Employee Title	Employee Signature

Supervisory Official's Signature _____ Date : _____

This form is to be completed every six months for any employee who is paid solely with federal funds from a single cost objective.