**Employee:** Jane Doe

**School:** Frolic Fields Elementary School

**Certification Period: (Please provide the dates covered on lines below)**

August 15, 2013 **to** February 15, 2013

**Type of Schedule:**

\_\_\_\_\_ **Daily**

x **Weekly**

\_\_\_\_\_ **Biweekly**

\_\_\_\_\_ **Other:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Fund Source** | **Job or Responsibility** | **Distribution of Time**  **(hour or %)** |
| General Fund | Instructional Assistant | 50% |
| Title I-A | Instructional Assistant | 50% |
|  |  |  |
|  | **TOTAL** | **100%** |

I certify that I performed work consistent with the attached schedule and as distributed in the above percentages during the Certification Period.

\_\_Jane Doe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ February 15, 2013 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date

I certify that I have firsthand knowledge that the above employee performed work consistent with the attached schedule and as distributed in the above percentages during the Certification Period.

\_Dr. John Smith\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ February 16, 2013

Supervisor Signature Date

**Please attach established work schedule**.