**Employee:**

**School:**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of Schedule:**

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

\_\_\_\_\_ **Weekly**

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

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

| **Fund Source** | **Job or Responsibility** | **Distribution of Time****(hour or %)** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **TOTAL** | **100%** |

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature Date

**Please attach established work schedule**.