



SEMI-ANNUAL PAYROLL CERTIFICATION

COUNTY (PUBLIC HEALTH DEPARTMENT)

WIC Program

Employee Name

CERTIFICATION PERIOD

Day/Month/Year --- Day/Month/Year

I certify that I have spent 100% of my paid work time in the performance of WIC services for the period specified above. I understand that this certification is required by the federal Office of Management and Budget Circular A-87, Cost Principles for State, Local and Indian Tribal Governments and that misrepresentation of facts is a violation of Federal Law.

Employee Signature

Date

Principal/Supervisor Signature

Date

Regulatory Requirement:

OMB Circular A-87, states that 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 first hand knowledge of the work performed by the employee.