

_____ School Time Certification Form

Date _____

This is to certify that the following individuals have worked 100% of their time during the last six months under cost objective _____, activity account number _____ (if known).

POSITION	Printed Name	SIGNATURE
-Teacher	_____	_____
-Teacher	_____	_____
-Teacher	_____	_____
-Teacher	_____	_____
-Teacher	_____	_____
-Instructional Assistant	_____	_____
-Tutor	_____	_____
-Guidance Counselor	_____	_____

I HAVE FULL KNOWLEDGE OF 100% OF THESE ACTIVITIES:

-PRINCIPAL _____