

Attachment 1: Semi-annual Certification

Name of College/University

I, _____ certify that I worked 100% of my time, from the period of
_____ through _____¹ on _____.

(Employee Signature) (Date)²

(Name Direct Supervisor) (Signature) (Date)

¹ If certifying every 6 months, semiannual certifications MUST be certified no later than July 10th (for the period covering January 1st through June 30th) and January 10th (For the period covering July 1st-December 31st). If certifying for less than 6 months please include the applicable time frame and certify within 10 days after the end of the work period.

² This must be signed and dated after the end date of the certification period.