**Blanket Certification**

(Multiple Employee Semi-annual Certification Form)

Name of School District or School

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reporting Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is to certify that the following individuals[[1]](#footnote-1) have spent 100% of their time on [**Name of Activity]** and were paid out of **[Funds Paid out of].**

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| **Position** | **Printed Name** |
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Direct Supervisor Signature Date

1. If multiple participants need to be listed, please attach the sign-in sheet that was provided at the Professional Development Activity [↑](#footnote-ref-1)