

**Federally Funded Employees**

**Semi-Annual Certification**

School:

Year:

I \_\_\_\_\_, hereby certify that for the period \_\_\_\_\_ through \_\_\_\_\_ one hundred percent (100%) of my time and effort was spent on IDEA Activities.

Employee:

\_\_\_\_\_ Date \_\_\_\_\_

Supervisor:

\_\_\_\_\_ Date \_\_\_\_\_