



## Time and Effort Certification Employee Certification and Schedule

Employee Name  Month

Position  School

Type of Schedule

| Program or Cost Objective | Distribution of Time |
|---------------------------|----------------------|
|                           |                      |
|                           |                      |
|                           |                      |
|                           |                      |
|                           |                      |
| Total                     |                      |

I certify that I performed work consistent with the attached schedule and as distributed in the above percentages during the Certification Period.

Employee Signature  Date

I certify that I have firsthand knowledge that the above employee performed work consistent with the attached schedule and as distributed in the above percentages during the Certification Period.

Supervisor Signature  Date