



## Time Certification for Employees who are funded from a single Federal grant

**Please complete the information below and submit Time Certification form to the District Grants Department no later than 15 days following the time period. Please send Attn: District Grants Department**

Employee Name: \_\_\_\_\_ CWID: \_\_\_\_\_

Position Title: \_\_\_\_\_ Position Number: \_\_\_\_\_

Grant Name: \_\_\_\_\_ Department: \_\_\_\_\_

Description of Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BANNER (INDEX/FOAP): \_\_\_\_\_

Time Period (Please check ONE of the following and fill in the year)

\_\_\_\_\_ July 1 – December 31, 202\_\_

\_\_\_\_\_ January 1 – June 30, 202\_\_

I certify that I worked on the \_\_\_\_\_ grant program for the time period indicated above.

\_\_\_\_\_  
Signature of Employee/Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Manager, Dean, or Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of HEERF Budgeteer (if applicable)

\_\_\_\_\_  
Date