



**Semi-Annual 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