Ganado ISD
PERIODIC CERTIFICATION FORM
(Six-month Certification)

_____
Fiscal Year

PART 1: To be completed by the Employee

I understand that my position is supported entirely by funds from **_____**. I certify that 100 percent of my job duties were related to activities in compliance with this program during the period from **February 1, 20XX to July 31, 20XX**.
I certify that the information recorded on this form is true and correct to the best of my knowledge.

_____ _____
Employee Name (Print) Employee Title/Position*

_____ _____
Employee Signature Date

**Job Description must be on file.*

PART 2: To be completed by a supervisor having "first-hand" knowledge of the employee's work.

I certify that the information recorded on this form is true and correct to the best of my knowledge.

_____ _____
Supervisor Name (Print) Supervisor Title/Position

_____ _____
Supervisor Signature Date