

**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