

(Letterhead or Name of LEA)

**Supervisor's
Certification / Assurance**

I assure that the employee/s listed below are devoting **100%** of their work time to allowable

_____ **A** _____ activities in _____ **B** _____ program, for the period beginning
_____ **C** _____ and ending _____ **D** _____.¹

Names of Employee	Position	Names of Employee	Position
<i>Add rows as needed...</i>			

I certify that I have knowledge of this employee's attendance and total hours compensated, as represented in this report for the months indicated, and that the work performed is appropriate for the funding source requirements.

Supervisor's Signature

Date

Title

School Name / Job Location

PURPOSE OF THIS FORM: This form is used by any employee(s) funded full time (100%) from a single federal grant award. Use this form if an employee/s supervisor will sign in the place of the employee/s.²

DIRECTIONS FOR COMPLETION:

- Blank A - Choose ONE program area in which the employee works:
Carl Perkins, NCLB, or Special Education (IDEA)
- Blank B – Choose ONE funding source from which the employee is paid:
IDEA Part B ***or*** IDEA Preschool program; Perkins Basic Grant; NCLB Consolidated Administration; Title I; Title IIA; Title IID; Title III; Title IV; Title V; Title VI; Title X.

¹ Failure to verify time and effort within the certification period or improper allocation of employee's time according to contractual agreement can lead to breach of contractual agreement, loss of future awards, and adverse public image.

² Criminal charges may be brought against an individual who certifies a falsified report (Federal False Claims Act).

- Items C and D are beginning and ending dates for which the employee is certifying his / her work activity.
- List all employees funded under applicable budgets (IDEA Part B, IDEA Preschool, Title I, Perkins, etc. There must be a method of separating each program area—separate page or columns)
- List the position of the employee (teacher, educational assistant, etc.)
- Immediate supervisor signs giving assurance that the employees listed work only on allowable activities. (For school employees, the immediate supervisor would be the principal.) Signature and date are to be “after the fact” for work completed.
- Provide date of signature
- List the title of supervisor
- Indicate where the employee works: school name, central office, etc.

Adapted from the State of Tennessee, State Department of Education, ED-5440