

**Employee
Certification / Assurance**

I, _____ (employee name) _____, assure that I am devoting **100%** of my work time to allowable
_____ A _____ activities in _____ B _____ program, for the period beginning
_____ C _____ and ending _____ D _____.¹

Employee's Signature

Date

Position

School Name / Job Location

PURPOSE OF THIS FORM: This form is to be completed by any employee funded full time (100%) from a single federal grant award. Use this form if the School District requires each full-time employee to sign a separate certification/assurance.²

DIRECTIONS FOR COMPLETION:

- Provide the employee's full name
- 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.
- Items C and D are beginning and ending dates for which the employee is certifying his / her work activity.
- Ensure that the employee signs the form AFTER the ending date (after the fact).

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).

- Provide date of signature
- List the employee's position (teacher, educational assistant, nurse, director, etc.)
- Indicate where the employee works: school name, central office, etc.

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