
EMPLOYEE BI-ANNUAL CERTIFICATION FORM

Employee Name: _____

Title: _____

Grant Name: _____

Reporting Period: _____

I, _____, hereby certify that the hours I reported as funded by the American Recovery and Reinvestment Act grant listed above (the “ARRA Grant”) for the period of time commencing _____ and ending _____ (the “Reporting Period”) are accurate and complete. I further certify that I have spent 100% of my time working on ARRA Grant activities during the Reporting Period. I have submitted timesheets evidencing the hours reported to my supervisor in accordance with my department’s standard operating procedures and all such timesheets were approved.

Signature

Date