
SEMI-ANNUAL EMPLOYEE CERTIFICATION

Employee Name: _____

Title: _____

Grant Name: _____

Semi-Annual 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 “Semi-Annual Reporting Period”) are accurate and complete. I further certify that I have spent 100% of my time working on ARRA Grant activities during the Semi-Annual 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.

Employee Signature

Date