

Semiannual Certification

Date: _____

Federal Staff Certification

This is to certify that the following individuals have worked **100%** of their time during the last six months under the cost objective identified below.

First Name	Last Name	Grant	Position	School	Signature
Ima	Worker	IDEA	Co-Teacher	Kimery M.S.	_____
Happy	Camper	IDEA	Resource Teacher	Benton High	_____
Ura	Tutor	Title I	Paraprofessional	Eccard Junior High	_____

Signature of Supervisor: _____ Date: _____

SAMPLE

Semiannual Blanket Time Certification Form

Kimery Public School District

Date _____

This is to certify that the following individuals have worked 100% of their time during the last six Months under cost objective Individuals with Disabilities Education Act (IDEA), Part B

POSITION	PRINTED NAME	SIGNATURE
- Teacher	_____	_____
- Teacher	_____	_____
- Teacher	_____	_____
- Teacher	_____	_____
- Teacher	_____	_____
- Instructional Assistant	_____	_____
- Tutor	_____	_____

I HAVE FULL KNOWLEDGE OF 100% OF THESE ACTIVITIES:

- PRINCIPAL _____

SAMPLE

Multiple Objective Employee

Federal Salary Certification - Personnel Activity Report (PAR)

Partially Funded Employees Fiscal Year: 2009-2010

School: Bentonville

Employee Name: Steve Worker

Position: Instructional Paraprofessional FTE: .40

Grant: IDEA, Part B

Time Period Covered: 11/8/06 – 11/12/06 Monday through Friday

8:30 – 9:00 - Playground supervision

9:10 – 10:00 - Room 101 - Classroom support: Assist students in completing assignments, reinforce vocabulary, reread story selections for fluency

10:10 – 11:00 - Computer Lab - Locate and align lessons to classroom instruction, assist students individually

11:05 – 11:45 - Small group work to reinforce lessons taught during the morning

11:45 – 12:30 - Lunch Break

12:30 – 1:30 - Math Room 10 - Provide small group support in assignment completion

1:30 – 2:30 - Math Room 14 - Small group and individual support

2:45 – 3:15 - Study Hall - Provide individual and small group support in assignment completion in the areas of reading and math

SAMPLE

Multiple Objective Employee Personnel Activity Report

**Federal Salary Certification
Personnel Activity Report
2009-2010**

Location: Howard Public School District

Employee Name: Smith, Jane

Grant: IDEA, Part B

I hereby certify that .20 FTE of my time was spent working as a Resource Teacher.

Month	Signature
July	_____
August	_____
September	_____
October	_____
November	_____
December	_____
January	_____
February	_____
March	_____
April	_____
May	_____
June	_____

SAMPLE

**Multiple Cost Objective
Employee Personnel Activity Report**

Marilynville School District Personnel Activity Report

Employee: Chris Eccard

Title: Psychologist

Reporting Period: April 1- 30, 2010

Fiscal Year: 2010

Cost Objective	Program	Distribution of Time	Number of Hours of Time
Special Education	IDEA Flow-Through	15%	26.5
Special Education	Non-Federal Activities	70%	123
Regular Education	Non-Federal Activities	15%	26.5
Indirect Time	Vacation / Sick Leave	<u>0%</u>	<u>0</u>
		Totals:	176
		100%	

SAMPLE