Semiannual Certification

Fiscal Year: _____

Start Date: _____

End Date: _____

Employer: Onalaska I.S.D.

Employee Name: _____

Employee Position: _____

Federal Program Funding Source or Cost Objective: _____

I, _____, certify that 100% of my time was spent performing _____ duties and responsibilities during the period specified above.

_____ _____

Employee's Signature Supervisor's Signature

_____ _____

Date Signed Date Signed