**Semi-Annual Blanket Certification**

**(Only for multiple staff working on single cost objectives)**

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| --- | --- | --- |
| **School:** |  | |
| **Supervisor:** |  | |
| **Time Period:** | July 1 – December 31 \_\_\_\_\_\_\_ | January 1 – June 30 \_\_\_\_\_\_\_ |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Last Name** | **First Name** | **Position/Cost Objective** | **Fund General Ledger Code** | **Start Date** | **End Date** | **Employee Signature** |
| Jackson | Action | Title I Teacher | 2211-900-1120-000-111-04 | 7/1/13 | 12/31/13 |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

(All required)

Supervisor (print name) Signature of Supervisor Date

*OMB Circular A-87, Appendix A, B11* (p. 291)defines cost objective as “a function, organizational subdivision, contract, grant, or other activity for which cost data are needed and for which costs are incurred.”

*OMB Circular A-87, Appendix B, 8h(3)* (p. 297) states that semi-annual certifications will be prepared at least semi-annually and will be signed by the employee or supervisory official having first hand knowledge of the work performed by the employee.