SACRAMENTO CITY UNIFIED SCHOOL DISTRICT

**Semi Annual Certification**

**(Federally Funded – Bi-Annual Report – Single Funding Source/Single Cost Objective)**

**Fiscal Year: 2017-18**

**Employee Name:**

(Name as shown on payroll records)

**School Name**:

**Department/Location:**

(if applicable)

**Job Title:**

**Description of job, duties/responsibilities (cost objective):**

**Period Covered:**

 **From:** **January 1, 2018** **To: June 30, 2018**

**Cost Objective/Program Title: Account/Resource Code:**   **Percentage of Effort:**

[ ]  ***For 100% funded:* I certify that I perform work consistently 100 percent during the certification period.**

[ ]  ***For Multi-funded on Schedule Only:* I certify that I performed work consistent with the attached schedule(s) and as distributed in the above percentages during the certification period.**

**Employee Signature: Date:**

**I hereby certify that this report is an after-the fact determination of actual effort expended for the period indicated and that I have full knowledge of 100% of these activities.**

**Supervisor Signature: Date:**

*This certification must be signed by the employee and by a supervisory official having firsthand knowledge of the work performed by the employee. Both signatures are required.*

R:\Departments\statefederalprograms\2016-2017\Time Accounting\Forms\Semi Annual Jan-June 2108\7-27-2017.docx rev 8/8/17