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:** **July 1, 2017**  **To: December 31, 2017**

**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.*

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