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Employee First Last Name Emp # School/Building

**Reporting Period 1:**

Month: \_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_ to Month: \_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_

I certify that I performed work consistent with the attached schedule using only Federal IDEA award during the Certification Period.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date

I certify that I have firsthand knowledge that the above employee performed work consistent with the attached schedule using only Federal IDEA award during the Certification Period.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reporting Period 2:**

Month: \_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_ to Month: \_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_

I certify that I performed work consistent with the attached schedule using only Federal IDEA awards during the Certification Period.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date

I certify that I have firsthand knowledge that the above employee performed work consistent with the attached schedule using only Federal IDEA awards during the Certification Period.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature Date