West Branch-Rose City Area Schools

Federal Payroll Certification

Grant Name: Click here to enter text.

Employee Name: Click here to enter text.

For School Year: Click here to enter text.

Period of Certification:

 First Semester [ ]  Second Semester [ ]

Building Location: Click here to enter text.

In accordance with West Branch-Rose City Area School District’s plan, the employee listed above has performed services for the West Branch-Rose City Area Schools that meet the requirements of the specified funding source.

This employee spent % of his or her time on qualifying activities.

This certification is being completed as required by the Office of Management and Budget (OMB) Circular A-87, Cost Principals for State, Local and Indian Tribal Governments. I understand that misrepresentation of facts is a violation of federal law.

Supervisor’s Name: Click here to enter text.

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated: Click here to enter text.