



Title_____ **Staff Schedule**

Date: _____ (NEW)

Date: _____ (Revision); Date: _____ (Revision); Date: _____ (Revision)

Employee's Name: _____ **Position:** _____

Program Area: _____ **School:** _____ **Room Number/Location:** _____

DAILY SCHEDULE

Please list your daily schedule for your assigned workday, including all activities during your contract hours. If there is a change, send a REVISED copy of this schedule with the effective schedule date to the Department of Federal Programs.

Time	Activity/Group	Grade(s)	# Pupils

Department of Federal Programs/Title _____

Semi Annual Certification Statement

(Reference: OMB Circular A-87)

Employees paid with federal funds shall sign and submit a semi-annual certification statement, as requested by the Office of Federal Programs, by mid-February and mid-June of the fiscal year of their employment.

I, (an employee who is paid with federal funds), _____ / _____ / _____
(Sign name, title, and date)

certify that ____% of my time has “**been engaged solely in activities**” associated with Title ____ for the period of January to June.

Supervisor's Signature: _____ **Date** _____