

Semi-Annual (SA) Time and Effort Certification

School: _____

This semi-annual time and effort form is provided in accordance to 2 CFR §200.430(i) Standards for Documentation of Personnel Expenses. It is to be completed at least twice per year for any employee who works solely on a single federal program or cost objective.

I certify that **100%** of the position of the employee(s) listed below are allowable and allocable to the following **Federal Program or Single Cost Objective** (Title I School Wide Plan, Title II, Title III, IDEA Part B, etc.): _____ for the period beginning (mm/dd/yy) _____ and ending (mm/dd/yy) _____.

Name of Employee	Position	Employee's Signature (Optional)

The semi-annual certification is the only time and effort record that allows the immediate supervisor's signature in lieu of the employee's signature. The certification should be **signed after-the-fact** by the employee or supervisory official having first-hand knowledge of the work performed by the employee.

Supervisor's Signature

Date

Supervisor's Title