Time Certification for Employees
that are funded for a single Federal, state, or local grant
(to be completed semi-annually)

Please complete the information below and submit Time Certification form to the District Grants Department no later than 30 days following the time period. Please send attn: Ni To

Grant Name: **IMPACT AAPI**

Funding Source (Please check one of the following)

Federal: X State:_____ Local:_____

BANNER (INDEX/FOAP):
Index: 2G0013, Fund: 133032, Org: 234009, Program: 709000

Time Period (Please check one of the following)

_____July 1 – December 31, _______ (year)

_____January 1 – June 30, ________ (year)

I certify that I worked on the **IMPACT AAPI** grant program for the time period indicated above.

________________________________________________________________________
Signature of Employee/Supervisor ______________________________ Date ________

________________________________________________________________________
Signature of Manager, Dean, or Administrator __________________________ Date ________