Name of ISD/LEA

Federal Program Payroll Certification

Pay periods from _____ to _____

As a (name of ISD/LEA) supervisor, I have certified that the employees listed below have performed services for the Federal programs listed.

I certify that they have spent 100% of their time in the performance of these services for the period of time noted above. I understand that this certification is required by the Office of Management and Budget Circular A-87, Cost Principles for State, Local and Indian Tribal Governments, which states that a completed certification is required for employees expected to work solely on a single federal program or cost objective. The certification is to be prepared at least semi annually and be signed by the employee and/or supervisor having first hand knowledge of the work performed.

Employee Name	Federal Program
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ _____

Supervisor Name Date