

**EMPLOYEE ACTIVITY CERTIFICATION - CHILD CARE FUND STAFF (100%)**  
Michigan Department of Health and Human Services

I _____ certify that for the fiscal year beginning _____ and ending _____, I will devote _____ % of my time providing direct client services, management services or administrative support services related to an In-Home Care Program.	
Employee name (printed)	Date
Employee signature	Date
Manager/supervisor name (printed)	Date
Manager/supervisor signature	Date

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