



STATE OF MICHIGAN  
DEPARTMENT OF EDUCATION  
LANSING

GRETCHEN WHITMER  
GOVERNOR

DR. MICHAEL F. RICE  
STATE SUPERINTENDENT

COUNTY LIBRARY REIMBURSABLE SALARY CERTIFICATION

Date: \_\_\_\_\_

TO: Kathy Webb

FROM: \_\_\_\_\_ County Library

THIS IS TO CERIFY THAT \_\_\_\_\_ was employed as head  
Librarian's Name

Librarian of the \_\_\_\_\_ County Library during  
Library Name

\_\_\_\_\_ months, and or \_\_\_\_\_ weeks previous to \_\_\_\_\_

(6<sup>th</sup> December, March or June, & Sept. year) and was paid salary in the amount

\$ \_\_\_\_\_ for the period of \_\_\_\_\_ to  
Actual Beginning Date

\_\_\_\_\_  
Actual Ending Date

LIBRARY BOARD MEMBER  
Or  
AUTHORIZED AGENT:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title (Print or type)

THIS CERTIFICATION IS SUBMITTED, as required, on or before

6 September

6 December

6 March

6 June

Fax (517) 335-1522  
Phone: (517) 335-1514 webbk1@michigan.gov  
**LIBRARY OF MICHIGAN**