



STATE OF MICHIGAN
DEPARTMENT OF EDUCATION
LANSING

GRETCHEN WHITMER
GOVERNOR

DR. MICHAEL F. RICE
STATE SUPERINTENDENT

COUNTY LIBRARY REIMBURSABLE SALARY CERTIFICATION

Date: _____

TO: Joseph Hamlin

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 _____

(6th 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) 335-1501
hamlinj2@michigan.gov

LIBRARY OF MICHIGAN