

## SUBSTITUTE SYSTEM EMPLOYEE CERTIFICATION FORM

Employee Name \_\_\_\_\_

Title \_\_\_\_\_

Certification Period \_\_\_\_\_

Type of Schedule

Daily

Weekly

Bi-Weekly

Other

Program or Cost Objective	Distribution of Time
<b>TOTAL</b>	<b>100%</b>

I certify that I have performed work consistent with the attached schedule and as distributed in the above percentages during the Certification Period.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

I certify that I have firsthand knowledge that the above employee performed work consistent with the attached schedule and as distributed in the above percentages during the Certification Period.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date