

St. Lucie County Public Schools

CERTIFICATION OF WORK EFFORT

DATE: _____

GRANT NAME					
GRANT COST STRIP:	Federal #	Function #	Object #	Project #	Center #

EMPLOYEE INFORMATION:

Employee Name:	
School/Site Name:	
Position Number/Title:	

REPORTING PERIOD INFORMATION: (Check only one.)

<input type="checkbox"/> *July - December _____ (Year)	<input type="checkbox"/> **January - June _____ (Year)
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* Check July-December when completing in January.

** Check January-June when completing in August.

CERTIFICATION:

<p>I hereby certify that I have worked solely on the single Federal award (or cost objective) as identified above.</p>
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Employee Signature:	Date:	
Supervisor Signature:	Date:	

White: Grants Office

Canary: School Administration

Pink: Employee