

LEA:

Signature of Supervisor:

New Jersey Department of Education Semi-Annual Certification of Federally Funded Staff (100% funded)

School:

Certification Period (che	ck one):				
☐ July 1, 2020 – Dece	mber 31, 2020	☐ January 1, 2021 –]	June 30, 2021		
This is to certify that duri activities that would be a	_		_	aals have worked 100% of	their time on
Last Name	First Name	Position	Federal Funding Source/Program	Signature	Date
		I	<u> </u>		I

Date (mm/dd/yy):