**MULTIPLE COST OBJECTIVE- SEMI-ANNUAL CERTIFICATION**

**[DISTRICT] - ISD #[ ]**

The form is to be used by employees who work on multiple cost objectives with **consistent and documented schedules that do not fluctuate by more than 10%**. Semi-annual certification is required to ensure that employees worked 100% of compensated time within the programs for the period covered by the certification.

Reporting Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Employee Position Cost Objective Federal Program

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*I certify that I have first-hand knowledge of the daily work activities performed by the above named employees for the period covered and this is an after-the-fact determination of the total activities for which they have been compensated.*

Supervisor Signature, Title Date