

**(School District)
Federal Program Payroll Certification**

Federal Program: _____

Employee Name: _____

Pay Periods: _____ to _____

As a (School District) employee, I have performed services for the above noted federal program as a _____ (position or function) at _____ (location(s)). I have spent 100% of my time in the performance of these services for the period noted above. I understand that this certification is required by Office of Management and Budget Circular A-87, Cost Principles for State, Local and Indian Tribal Governments and that misrepresentation of facts is a violation of Federal Law.

Signed:

Employee _____

Date _____

Approved:

Principal _____

Date _____

Regulatory Requirement:

OMB Circular A-87, attachment B and the Michigan School Audit Manual require a completed Certification for employees expected to work solely on a single federal award or cost objective. The certifications should be prepared at least semi annually and be signed by the employee and or the supervisory official having first hand knowledge of the work performed. It is (School District) practice to have these forms signed by both individuals whenever possible. This certification must be supported by the current records of the employee. Such records for both fully and partially funded positions include, but are not limited to, lesson plans, time sheets, written schedules, staff logs, or other evidence of contemporaneous service performance signed by the employee the supports the actual time allocation.