

Mendocino County Office of Education
Semiannual Certification of Time Worked
Documentation for Single Federal or State Restricted Program

Period Ending _____ Fiscal Year _____

Department: _____

The following individuals have worked 100 percent of their time during the last six months under a single cost objective

POSITION	PRINTED NAME
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Cost Objective Name: _____ Resource # _____

I hereby certify that this report is an after-the-fact determination of actual effort expended for the period indicated, and I have full knowledge of 100 percent of these activities.

Supervisory Official Signature

Date