

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

FEDERAL PROGRAM EMPLOYEE CERTIFICATION FORM

Instructions Employees working entirely on one federal program during the report period should complete this certification form immediately following the end of each six-month reporting period or earlier, if the employee vacates the position. The form must be made available to state and federal auditors upon request. Maintaining completed forms centrally within each division or within each section will be decided by the divisions' administrative managers.

Purpose of Form: To comply with OMB Circular A-87, employees that are expected to work solely on a single federal award or cost objective are required to periodically certify that they worked solely on that program for the period covered by the certification.

Division:	Section:
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Time Reporting Period (check one box)	<input type="checkbox"/> January 1 through June 30, _____ <input type="checkbox"/> July 1 through December 31, _____
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Collocation Code(s):

I certify that while employed with this department, division and section during this time period,
 I worked solely on the _____ federally funded program.

Employee Signature

Supervisor's Signature

Printed Name

Printed Name

Date

Date