



CCTCMIS

Personnel Annual Salary and Benefits Data Submission Certification Form

IMPORTANT: This form must be signed by the President or by an authorized designee. Anyone signing as an authorized designee must be listed on the Authorized Signature Form that is on file.

Return the signed and scanned form to CCTCMIS via TIBCO using the file naming convention **CCxx.PDB.CERTIFY.T4Eyyyy.PROD.pdf** where xx is the college number and yyyy is the reporting year (e.g., College 01 would submit the certification using the name CC01.PDB.CERTIFY.T4E2018.PROD.pdf for the 2017-18 reporting year).

IMPORTANT: If the filename is not in accordance with the above naming convention, it will be rejected.

College Name

(Enter full college name)

Reporting Year

(e.g., 2017-18)

By signing below the above named institution certifies that their submitted data, as represented within the verification reports produced by CCTCMIS and reviewed by the college, provides a complete and accurate representation of the college to the best of their knowledge, with any exceptions explained below.

Explanation

(Enter any necessary explanations below. Provide specific details.)

Approver

Approver's Title

Approver's Signature

Date Signed

Submitter

Submitter's Phone Number