



# 21<sup>st</sup> Century Community Learning Centers



## Semi-Annual Certification (Staff working solely on 21<sup>st</sup> CCLC)

This is to certify that \_\_\_\_\_ has worked 100% of his/her time for the period  
\_\_\_\_\_ through \_\_\_\_\_ on the 21<sup>st</sup> CCLC program.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Printed Name of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Printed Name of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Agency