Semi-Annual Certification
(Staff working solely on 21st CCLC)

Time Period:_____through: _____

I certify that the employees listed below worked solely on 21st CCLC during the time period indicated above.

This form must be signed by a supervisory official having first-hand knowledge of the work performed by the employees listed below

Name of Employees	

Supervisor (Printed Name)

_____

Supervisor (Signature) **Date**

_____ _____

DRAFT