



Semi –annual Certification
Albany County School District #1

I, _____, certify that I worked 100% of my time, from the period of June 1, 2020 to November 30, 2020, on VI-b Programmatic Activities.

I understand that this certification represents a six (6) month period of time, reportable not later than December 10th and June 10th of each year for the preceding 6 months.

(Employee Signature)

(Date)

(Name Direct Supervisor)

(Signature)

(Date)

If certifying every 6 months, semiannual certifications MUST be certified no later than June 10th (for the period covering December 1st through May 31) and December 10th (for the period covering June 1st through November 30th). If certifying for less than 6 months please include the applicable time frame and certify within 10 days after the end of the work period.

Must be signed and dated within 10 days after the end date of the reporting period.

Must be signed by a supervisor with firsthand knowledge of the work performed.