



ASNA DE-JIHTOOO
Community College District

**Time Certification for Employees
that are funded for a single Federal, state, or local grant
(to be completed semi-annually)**

Please complete the information below and submit Time Certification form to the District Grants Department no later than 30 days following the time period. Please send attn: Ni To

Grant Name: IMPACT AAPI

Funding Source (Please check one of the following)

Federal: State: _____ Local: _____

BANNER (INDEX/FOAP:

Index: 2G0013, Fund: 133032, Org: 234009, Program: 709000

Time Period (Please check one of the following)

_____ **July 1 – December 31,** _____ (year)

_____ **January 1 – June 30,** _____ (year)

I certify that I worked on the IMPACT AAPI grant program for the time period indicated above.

Signature of Employee/Supervisor

Date

Signature of Manager, Dean, or Administrator

Date