



FOOTHILL-DE ANZA
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.

Grant Name: _____

Funding Source (Please check one of the following)

Federal: _____ State: _____ Local: _____

Account Number

F: _____ O: _____ A: _____ P: _____

Time Period (Please check one of the following)

_____ July 1 – December 31, 20____

_____ January 1 – June 30, 20____

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

Signature of Employee/Supervisor

Date

Signature of Project Director

Date

Signature of Dean

Date