

Time Certification Form

Employees working 100% Child Nutrition

School District: _____ **School:** _____

This is to certify that the following individuals worked 100% of their time during the last six months from _____ to _____ under cost center _____. (cost center designates federal fund used to pay these employees)

Position	Printed Name	Signature
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____

I have full knowledge of 100% of these activities as their supervisor.

Child Nutrition Director or Manager

Date