



OKLAHOMA
STATE DEPARTMENT *of* EDUCATION
— SPECIAL EDUCATION SERVICES —

Semiannual Certification
Federal Staff Certification

Date: _____

District Name _____

I certify that the following individuals have worked 100% of their time during the last six months under the cost objective identified below.

First Name	Last Name	Grant	Position	Signature
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature of Supervisor _____

Date: _____



OKLAHOMA
STATE DEPARTMENT *of* EDUCATION
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Multiple Objective Employee Personnel Activity Report
Federal Salary Certification
Personnel Activity Report

Federal Fiscal Year: _____

District Name: _____

Employee Name: _____

Grant: _____

I certify that _____ percentage of my FTE was spent working as a _____.

Month	Signature
July	_____
August	_____
September	_____
October	_____
November	_____
December	_____
January	_____
February	_____
March	_____
April	_____
May	_____
June	_____



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**Multiple Cost Objective
Employee Personnel Activity Report**

Fiscal Year: _____

District Name: _____

Title: _____

Employee Name: _____

Reporting Period: _____

Cost Objective	Program	Distribution of Time	Number of Hours Spent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Total: <u>100%</u>	Total: _____

Employee Signature: _____

Date: _____