

FEDERAL PROGRAM EMPLOYEE CERTIFICATION FORM



AK | DFCS
ALASKA DEPARTMENT OF
FAMILY AND COMMUNITY
SERVICES

Instructions

Employees working entirely on one federal program during the report period should complete this certification form immediately following the end of each six-month reporting period or earlier, if the employee vacates the position. The form must be made available to state and federal auditors upon request. Maintaining completed forms centrally within each division or within each section will be decided by the divisions' administrative managers.

Purpose of Form

To comply with OMB Circular A-87, employees who are expected to work solely on a single federal award or cost objective are required to periodically certify they worked solely on that program for the period covered by the certification.

Division: _____

Section: _____

Time Reporting Period: January 1 through June 30, _____

July 1 through December 31, _____

Collocation Code(s):

I certify that while employed with this department, division and section during this time period,

I worked solely on the _____ federally funded program.

Employee's Signature

Supervisor's Signature

Employee's Printed Name

Supervisor's Printed Name

Date

Date