

FEDERAL PROGRAM CERTIFICATION

Per Cochise County Policy Documentation Requirements for Wages Charged to Federal Programs.

I _____, _____ of
Supervisory Official (Print or Type) Title (Print or Type)

_____ certify that _____
Agency (Print or Type) Employee (Print or Type)

Worked solely on the _____ Federal Program

for the time period of _____ through _____.

This is the same time period that we are requesting reimbursement for.

I have first hand knowledge of the work performed by the above mentioned employee.

Name (Print or Type) _____ Date _____

Signature _____ Title _____