

**CENTER ISD  
MONTHLY CERTIFICATION  
OF  
TIME AND EFFORT**

Employee Name: \_\_\_\_\_ Month Ending: \_\_\_\_\_  
% Funded: \_\_\_\_\_

Position:

- Teacher
- Support Staff
- Nurse
- Paraprofessional
- Other \_\_\_\_\_

Campus:

- F.L. Moffett Primary
- Center Elementary
- Center Intermediate
- Center Middle School
- Center High School
- Administration Office

Duties:

- Current Schedule of Assignment - Attached  
→ List Specific Students Served by class periods

Funding: This portion to be completed by the office:

- 199 State
- 224 Special Ed, Federal
- 225 Special Ed, Federal
- 283 Special Ed, ARRA
- 284 Special Ed, ARRA
- 211 - Title I
- 212 - Title 1, C
- 244 - Carl Perkins
- 255 - Title II, A
- 263 - Title III, LEP
- 270 - Title VI-Rural
- 285 - Title I - ARRA
- 287 - ED Jobs
- 266 - SFSF - ARRA

**I certify that the above information is correct pertaining to my assignment and responsibilities. I have provided the office with a current schedule of my assignment.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date