

**CENTER ISD
SEMI ANNUAL CERTIFICATION OF
TIME AND EFFORT**

Employee Name: _____ Semester 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
- 211 - Title I
- 212 - Title 1, C
- 255 - Title II, A
- 263 - Title III, LEP
- 270 - Title VI-Rural
- 287 - ED Jobs

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