ATTACHMENT B

STAFF CERTIFICATION

PROVIDER NAME -

DOCUMENT #
STD WORK WK HRS -
STAFF MEMBER
% PROGRAM TIME -
REPORTED HOURS
ACTUAL % TIME **#VALUE!**

MONTH/YEAR
STD WORK MO HRS **#VALUE!**
JOB TITLE
EXPECTED WKLY HRS #VALUE!
EXPECTED MTHY HRS #VALUE!

ACTIVITIES:	HOURS
	0.0
	0.0
	0.0
	0.0
	0.0
	0.0
	0.0
	0.0
	0.0
	0.0
	0.0
	0.0
	0.0
	0.0
	0.0
	0.0
	0.0

This certifies that the individual cited above has performed the stated activities in support of the awarded grant, and the hours listed are an accurate representation of the time worked.

Staff signature/date:	Supervisor/date:

REV 7/1/2014