

APPENDIX VIII

SEMI-ANNUAL CERTIFICATION FORM

and

PERSONNEL ACTIVITY REPORT

Semi-Annual Certification
(Staff Working Solely on one Cost Objective)

This is to certify that Jean Smith has worked 100% of his/her time for the period March 1, 2009 through August 31, 2009 on program number DOE 555.

Signature of Employee

Printed Name of Employee

Date

Signature of Supervisor

Printed Name of Supervisor

Date

Personnel Activity Report

Name _____

Department _____

Account No.	100	200	300	500	600	700	Totals
Account Title	Indirect	ECIA (Federal)	State (be Specific)	Annual Leave	Sick Leave	Holiday Leave	
Mon. _____	0	0	0	0	0	8	8
Tues. _____	0	7	1	0	0	0	8
Wed. _____	0	8	0	0	0	0	8
Thurs. _____	0	6	2	0	0	0	8
Fri. _____	0	2	2	4	0	0	8
Mon. _____	2	5	1	0	0	0	8
Tues. _____	1	6	1	0	0	0	8
Wed. _____	0	3	5	0	0	0	8
Thurs. _____	0	6	0	0	0	0	8
Fri. _____	1	6	1	0	0	0	8
Totals	4	49	13	4	0	8	80

I certify that this report represents a true recording of effort expended for the period indicated and that I have full knowledge of those activities.

Signature of Employee / Date

Responsible Official / Date

Salary Charging:

Totals	4	49	13	4	0	8	80
Percent of Total*	5.00%	61.25%	16.25%	5.00%	0.00%	10.00%	100.00%
Bi-Weekly Salary	1,700.00	1,700.00	1,700.00	1,700.00	1,700.00	1,700.00	
Amount Charged	85.00	1,041.25	276.25	85.00	0.00	170.00	1,700.00

* Total Hours for Activity divided by Total Paid Hours for Account No. 100, 4 Hours worked divided by 80 hours = 5.00% charged.