SHELBY COUNTY SCHOOLS
SEMI-ANNUAL CERTIFICATION

I certify that the following employees at _____ have spent 100% of their time on allowable activities under the **Schoolwide Program** cost objective funded by **Title I-A** from July 1, 2021 to December 31, 2021.

Principal's Name (typed) _____

Signature of Principal _____

Date _____

Return original copy by board mail or scan the original signed form saved as a PDF and email to your Federal Programs Advisor.

Employee	Position (Include Grade Level or Subject Area for Teachers)