

Department of Transportation
Alaska Highway Safety Office
Grants Administration

EMPLOYEE PERIODIC CERTIFICATION FORM

Grant Award Number:

CFDA Number:

Federal Program Name:

Project Title:

Report Period:

Employee Name:

Employee Title:

This form is to be completed for each employee who is in a position 100% supported by a single federal program. Indicate the specific time period that the individual was in the federally funded position during the reporting period;

_____ to _____
Date *Date*

I understand that my position is supported entirely by funds from the federal program listed above. I certify that 100% of my job duties were related to activities in compliance with this program for the time period covered by this certification.

I understand that this information is being submitted to support the Federally-Funded Grant Program. False statements on this form may be prosecutable under USC 1001. The information on this form is true, correct, and complete to the best of my knowledge and ability.

Employee Signature: _____ Date: _____

Printed Name and Title: _____ Date: _____

Supervisor Signature: _____ Date: _____

Printed Name and Title: _____ Date: _____