

**Tri-County Special Education
Interlocal #607**

**Certification of Time
Sole Source of Funding**

Federal rules require employees whose salaries are paid from a single federal program, file written documentation at least twice a year certifying that the employee's actual duties are consistent with the specific federal program requirements from which their salaries are paid. The signed forms should be kept on file with the employer's Human Resource Department or Board Clerk.

Employee's Name: _____ Date: _____

Employer: _____ Agency #: _____

District Assignment(s): _____ District #(s): _____

School Assignment(s): _____

Job Title (i.e., Teacher, Paraeducator, Speech Therapist, etc.): _____

Check each of the following that apply:

_____ First Semester _____ Full Time

_____ Second Semester _____ Part Time

Check from which federal program your salary is paid:

_____ Title VI-B IDEA Federal Funds

_____ ARRA Federal Stimulus Funds

_____ Other (Specify): _____

**Note: First semester information should be filed no later than December 15.
Second semester information must be completed no later than May 15.**

Employee's Signature: _____

Supervisor's Signature: _____