



Fairfield-Suisun Unified School District  
**Single-Funded Employee Accounting Certification**

I, \_\_\_\_\_, certify that during the period of \_\_\_\_\_ I have worked 100% of my time for the following categorical program \_\_\_\_\_.

Employee Name:	
_____	_____
Signature	Date
_____	_____
Department/School	Position/Title/FTE
_____	
Supervisor Printed Name	
_____	_____
Supervisor Signature	Date

\*This form is to be completed semiannually for the pay period of July 1 to December 31 and January 1- June 30 of each school year by all employees who are employed through only one categorical program and return to the English Learners and Instructional Support Department at the District Office no later than the 10th of the following month (January/July)\*