

GREENWOOD ISD
2700 FM 1379
MIDLAND, TX 79706
(432)685-7800

PERIODIC CERTIFICATION FORM
(Six-month Certification)

PART 1: To be completed by the Employee

I understand that my position is supported entirely by funds from the National School Lunch Program. I certify that 100 percent of my food service job duties were related to activities in compliance with this program during the period from _____ to _____.

I certify that the information recorded on this form is true and correct to the best of my knowledge.

Employee Name (Print)

Employee Title/Position*

Employee Signature

Date

**Job Description must be on file.*

PART 2: To be completed by a supervisor having "first-hand" knowledge of the employee's work.

I certify that the information recorded on this form is true and correct to the best of my knowledge.

Supervisor Name (Print)

Supervisor Title/Position

Supervisor Signature

Date

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PERIODIC CERTIFICATION FORM
(Six-month Certification)

PART 1: To be completed by the Employee

I understand that my position is supported entirely by funds from Title I, Part A. I certify that 100 percent of my job duties were related to activities in compliance with this program during the period from _____ to _____.

I certify that the information recorded on this form is true and correct to the best of my knowledge.

Employee Name (Print)

Employee Title/Position*

Employee Signature

Date

**Job Description must be on file.*

PART 2: To be completed by a supervisor having "first-hand" knowledge of the employee's work.

I certify that the information recorded on this form is true and correct to the best of my knowledge.

Supervisor Name (Print)

Supervisor Title/Position

Supervisor Signature

Date