



**BURKBURNETT**  
INDEPENDENT SCHOOL DISTRICT

BURKBURNETT INDEPENDENT SCHOOL DISTRICT  
416 Glendale Street  
Burkburnett, TX 76354  
940-569-3326 x 2,2 FAX 940-569-0314

**SEMI-ANNUAL EMPLOYEE CERTIFICATION  
FALL PRELIMINARY  
2016-2017  
AUGUST 23, 2016-DECEMBER 21, 2016**

**Name of Employee:**

**Campus (Please specify):**

**Assignment:**

**BUDGET CODE(S)**

**% CHARGED**

**A weekly schedule must be attached to this document.**

**I certify that I performed work consistent with the attached schedule and as distributed in the above percentages during the current Certification Period.**

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Signed

**I certify that I have firsthand knowledge that the above employee performed work consistently with the attached schedule and as distributed in the above percentages during the current Certification Period.**

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Signed