



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

BURKBURNETT

INDEPENDENT SCHOOL DISTRICT

FEDERAL FUNDS SUBSTITUTE EMPLOYEE CERTIFICATION FOR TIME & EFFORT 2016-17

Name of Teacher/Position: _____

Campus (Please specify): BHS BMS HARDIN TOWER EVANS

Substitute Name: _____

Date of Substitution: _____

Time Worked: _____ to _____

Assignment: _____

FEDERAL PROGRAM:

- IMPACT AID-FND 161(TOWER ONLY) HEADSTART-FND 205 TITLE IA-FND 211
 IDEA B-FND 224 IDEA B-PK-FND 225 TITLE IIA-FND 255
(For Business Office Use Only: Staff Development Floating Personal)

BUDGET CODE(S):

% CHARGED:

I certify that I performed work as a substitute consistent with the federal program listed above and as distributed in the above percentages for the date worked.

SIGNATURE OF SUBSTITUTE

Date Signed

I certify that I have firsthand knowledge that the above substitute performed work consistent with the federal program listed above and as distributed in the above percentages for the date worked.

SIGNATURE OF SUPERVISOR

Date Signed