STATE OF LOUISIANA

DIVISION OF ADMINISTRATION

LOUISIANA OFFICE OF

COMMUNITY DEVELOPMENT

**Certification of Time Allocation**

**Period: January 2020 – June 2020**

Please check one of the following:

\_\_\_\_\_ I hereby certify that my work assignments and duties are exclusively devoted to the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Program administrated within the Office of Community Development, and all hours for which I am paid should be charged to this source.

\_\_\_\_\_ I hereby certify that my work assignments and duties are allocated between the following programs. (List all programs that you work on). The number of hours that I spend on each program is indicated on my daily time sheets.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that if this situation should change, I will notify the Timekeepers and will complete the necessary forms to accomplish an accurate reflection of my time spent and leave taken.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Signature]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Printed Name]

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[Date]