

Semi-Annual Certificate of Activity

I, _____, hereby certify that 100 percent of my activities was spent working on allowable Supplemental Nutrition Assistance Program-Education (SNAP-Ed) activities as detailed in the FFY 2019 USDA Annual State Plan and identified below.

By checking the box below, I am certifying the Period for which this certificate covers:

FFY 2019	Period 1	October 1, 2018 – March 31, 2019	
FFY 2019	Period 2	April 1, 2019 – September 30, 2019	

Position Title: _____

Hire Date*: _____

(To be completed **only** by employees who started after October 1, 2018 for Period 1 and after April 1, 2019 for Period 2)*

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Supervisor Printed Name: _____