

WORKSHOP PARTICIPANT SIGN-IN/OUT SHEET

Dr. Vicki Golden

Date:

Date:

Name of the Workshop:

Time of Session:

Workshop Director:

Director's Signature:

Regulatory Requirement:

School Location:				
PLEASE SIGN NAME				
PARTICIPANT'S NAME	SIGN IN TIME	EMPLOYEE FILE NUMBER	POSITION TITLE/ GRADE/SUBJECT	SIGN OUT TIME
This is to certify that the above listed individuals have participated under a federal award or cost objective policy. I have full knowledge of the activities of the employees' time				

in the performance of services for the period noted above. I understand that this certification is required by the Office of Management and Budget (OMB) Circular A-87, Cost

OMB Circular A-87, attachment B and the Michigan School Audit Manual require a completed Certification for employees paid on a federal award or cost objective. Additionally, Section H., Required Certifications. Each cost allocation plan or indirect cost rate proposal required by Attachments C and E must comply. The employees attending workshops are required to provide

Principles for State, Local and Indian Tribal Governments and that misrepresentation of facts is a violation of Federal Law.

"after the fact" documentation. A copy of this Sign-In/Out Sheet must be maintained on file for audit purposes for a period of five years.