

## CERTIFICATION OF SALARY DISTRIBUTION

**Employee Name:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

### SECTION 1

|  |                 |                  |                               |                |                                 |
|--|-----------------|------------------|-------------------------------|----------------|---------------------------------|
| Begin Date: _____  | End Date: _____ | Project #: _____ | Task #: _____                 | Award #: _____ | Distribution of Salary %: _____ |
| Begin Date: _____  | End Date: _____ | Project #: _____ | Task #: _____                 | Award #: _____ | Distribution of Salary %: _____ |
| <b>I confirm that I have reasonable means of verifying the activities performed by the above mentioned employee and the distribution of percent of salary is reasonable.</b> |                 |                  |                               |                |                                 |
| _____<br>Employee Signature  |                 | _____<br>Date    | _____<br>Supervisor Signature |                | _____<br>Date                   |

### SECTION 2

|  |                 |                  |                               |                |                                 |
|--|-----------------|------------------|-------------------------------|----------------|---------------------------------|
| Begin Date: _____  | End Date: _____ | Project #: _____ | Task #: _____                 | Award #: _____ | Distribution of Salary %: _____ |
| Begin Date: _____  | End Date: _____ | Project #: _____ | Task #: _____                 | Award #: _____ | Distribution of Salary %: _____ |
| <b>I confirm that I have reasonable means of verifying the activities performed by the above mentioned employee and the distribution of percent of salary is reasonable.</b> |                 |                  |                               |                |                                 |
| _____<br>Employee Signature  |                 | _____<br>Date    | _____<br>Supervisor Signature |                | _____<br>Date                   |

### SECTION 3

|  |                 |                  |                               |                |                                 |
|--|-----------------|------------------|-------------------------------|----------------|---------------------------------|
| Begin Date: _____  | End Date: _____ | Project #: _____ | Task #: _____                 | Award #: _____ | Distribution of Salary %: _____ |
| Begin Date: _____  | End Date: _____ | Project #: _____ | Task #: _____                 | Award #: _____ | Distribution of Salary %: _____ |
| <b>I confirm that I have reasonable means of verifying the activities performed by the above mentioned employee and the distribution of percent of salary is reasonable.</b> |                 |                  |                               |                |                                 |
| _____<br>Employee Signature  |                 | _____<br>Date    | _____<br>Supervisor Signature |                | _____<br>Date                   |