

Department of Transportation
Alaska Highway Safety Office
Grants Administration

**EMPLOYEE PROGRAM CERTIFICATION AND ACTIVITY
REPORT**

Grant Award Number:

Project Title:

Report Period:

Employee Name:

Employee Number/PCN:

Employee Title:

This form is to be completed for each employee who is in a position supported in total or in part with Federal Funds. Indicate the specific time period that the individual was in the Federally Funded position during the reporting period.

I understand that this information is being submitted to support the Federally-Funded Grant Program. False statements on this form may be prosecutable under USC 1001. The information on this form is true, correct, and complete to the best of my knowledge and ability.

Employee Signature: _____ Date: _____

Printed Name and Title: _____ Date: _____

Supervisor Signature: _____ Date: _____

Printed Name and Title: _____ Date: _____