*Directions: Please complete this form monthly or quarterly for all staff paid with GEAR UP (GU) funding, except for staff paid with a stipend. It is helpful to State staff if liaisons include a GU# number for staff who rarely provide GU services, as might happen when people provide tutoring. Form can be submitted by email gufiscal@montana.edu.*

|  |  |
| --- | --- |
| FORM 4 TIME AND EFFORT CERTIFICATIONFederal Program: GEAR UP | CFDA: 84.334s |
|  |  |

**For Period Ending:** ( ) 9/30 ( ) 10/31 ( ) 11/30 **( ) 12/31** ( ) 1/31 ( ) 2/28 **( )** **3/31** ( ) 4/30 ( ) 5/31 **( ) 6/30** ( ) 7/31 ( ) 8/31

**This is to certify that the following named employee**

**Has worked the following percentage of their time**

**Or the following number of hours per week**

**At the School,**

**In their position as**

on the Montana GEAR UP cost objectives as outlined in our most current approved budget and within the above referenced fiscal reporting period.

**Employee Name and Title**

|  |  |
| --- | --- |
| **Signature:**  | **Date:** |
|  |  |
| **Supervisor:** | **Date:** |