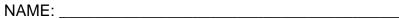
## TURTLE MOUNTAIN COMMUNITY COLLEGE SINGLE PROGRAM TIME AND EFFORT CERTIFICATION



Reporting Period

\_\_\_\_\_ through \_\_\_\_\_

ough Month/Year



TIME DISTRIBUTION			
PROGRAM	HOURS	DESCRIBE ACTIVITIES COMPLETED	
This is to certify that I have worked solely on the above named project & performed the above duties as described.		I certify the above named employee has performed the duties as described in the goals and objectives of the project/department.	
Employee Signature	Da	Supervisor Signature Date	

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