

City of El Paso Paso Payroll Certification Form

Grant Program: _____
for period: _____ **through:** _____

This shall serve as official certification that I,

Employee Name: _____,
Employee ID: _____,

worked solely on one single grant program,

Program Name: _____,
which is funded by: _____

for the time period stated above.

(Employee Signature)

_____/_____/_____
(Date)

(Supervisor Signature)

_____/_____/_____
(Date)