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

NAME:

Reporting Period

Month/Year

Month/Year

through



TIME DISTRIBUTION		
PROGRAM	HOURS	DESCRIBE ACTIVITIES COMPLETED

I have performed the above duties as described.

I certify the above named employee has performed the duties as described.

Employee Signature

Date

Supervisor Signature

Date

SEE OUR WEB PAGE AT: http://www.tm.edu

Accredited by the Higher Learning Commission-North Central Association

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TURTLE MOUNTAIN COMMUNITY COLLEGE IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER

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