

TENNESSEE ALLIANCE FOR

CHILDREN AND FAMILIES Percentage Time Worked Certificate

2 International Plaza Drive, Suite 605 **Education Services Coordinators:**

Nashville, TN 37217 Chasity Scott – [cscott@tnchildren.org](mailto:cscott@tnchildren.org)

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**TITLE 1 ASSURANCE FORM**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ assure that I will be devoting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%**

**Print first and last name**

**of my work time to allowable activities under the Title I funds derived from the No Child Left Behind**

**Act of 2001 while operating as the\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at**

**Position/Title**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ between March 31, 2014- September 30, 2014.**

**Agency’s name**

**Below is a list of the Title I related job duties/responsibilities that I have been assigned:**

**(or attach job description)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Signature Date**