

Certification of
Certified Payroll Records (CPRs)

****Please attach copy of employee payroll spreadsheet***

I am the _____ For _____
(Supervisor Job Title) (Agency Name)

In connection with _____
(Grigg Lewis Workership Intern Name/ Job Title)

This Certification is submitted to the Grigg Lewis Foundation concurrently with the Agency's submittal of a Payroll Spreadsheet-provided by the agency's payroll company, and Agency Evaluation- completed by the agency's supervisor.

1. The agency listed above ensures disbursement of wages in the total amount of: \$ _____ covering work performed by the Grigg Lewis Workership Intern listed above during the
Time Period _____ through _____.
(Date) (Date)
2. The **Agency has submitted Certified Payroll Records (CPRs)** to the Grigg Lewis Foundation for all employees enrolled in the 2019 Workership Program.
3. I have reviewed **the Agency CPRs** submitted to the Grigg Lewis Foundation; the CPRs submitted to the Foundation by the Agency **are complete and accurate** for the period of time covered by the Pay Application.

Please note: False reports or discrepancies in reporting will result in loss of future funding.

I declare under penalty of perjury under New York State law that the forgoing is true and correct.

I executed this Certification on the _____th day of _____, 20____
(Day) (Month) (Year)

By: _____ Name: _____
(Signature Agency Director) (Typed or Printed)

By: _____ Name: _____
(Signature Workership Intern) (Typed or Printed)