## **EXHIBIT A**

## **END OF TERM CERTIFICATION**

Check one of the following:	
I,term of this appointment from	_, hereby certify that during the
did not exceed the College's expectation and n	tO I
more than 37.5 hours per work week, on avera hours on any one day.	
OR	
I,exceed the College's maximum hour expectation	_, cannot certify that I did not
described in my Letter of Appointment for the explain fully.)	following reason(s): (Please
•	
Signature	Date
Print Name	School/Department