LOS ANGELES UNIFIED SCHOOL DISTRICT
Accounting and Disbursements Division

PERIODIC CERTIFICATION

School/Office Name: _____

Program Name(s): _____ Program Code(s): _____

Cost Objective Name, if applicable: _____ [e.g., Title I Schoolwide plan (SWP)]

CHECK ONE ONLY	
☐ Periodic Certification Fiscal Year: _____ Period Covered: _____ (Not more than six months, e.g. July-Dec, Jan-June)	☐ Training, Occasional or Substitute Assignment Certification Fiscal Year: _____ Date(s) Worked: _____ Hour(s) Worked: _____ Description of Activity: _____ **NOTE:** If multiple employees from the same cost center attend a training, this certification could be completed as a cover sheet and the sign-in sheet and agenda could be attached. The sign-in sheet should include training description, funding source(s), employee name, employee number, signature, hours worked, and date(s) of training.

I hereby certify that the individual(s) listed below (attach additional sheets as necessary) have worked 100% of their time during the period/date(s) specified above under a single funding source (i.e. program code/s) or an approved single cost objective/activity.

I hereby certify that this report is an after-the-fact determination of actual effort expended for the period/date(s) indicated.

Name   Position

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

Supervising Official with first-hand knowledge of the work performed by the employee(s):

_____   _____   _____
Name & Title   Signature   Date

LOS ANGELES UNIFIED SCHOOL DISTRICT
Accounting and Disbursements Division

PERIODIC CERTIFICATION

(<u>continued</u> from previous page)

[The following basic information must be recorded on each additional sheet. Use this form only if necessary.]

Name   Position

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

> I hereby certify that the individual(s) listed above have worked 100% of their time during the period/date(s) specified above under a single funding source (i.e. program code/s) or an approved single cost objective/activity.
>
> I hereby certify that this report is an after-the-fact determination of actual effort expended for the period/date(s) indicated.

Supervising Official with first-hand knowledge of the work performed by the employee(s):

_____   _____   _____
            Name & Title   Signature   Date