

LOS ANGELES UNIFIED SCHOOL DISTRICT
Accounting and Disbursements Division

PERIODIC CERTIFICATION

School/Office Name: Diego Rivera EI

Program Name(s): Title I Program Code(s): 7S046

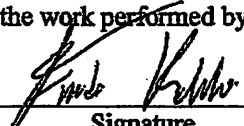
Cost Objective Name, if applicable: SWP [e.g., Title I Schoolwide plan (SWP)]

CHECK ONE ONLY	
<input type="checkbox"/> Periodic Certification Fiscal Year: _____ Period Covered: _____ (Not more than six months, e.g. July-Dec, Jan-June)	<input checked="" type="checkbox"/> Training, Occasional or Substitute Assignment Certification Fiscal Year: <u>2020</u> Date(s) Worked: <u>September 5, 2019</u> Hour(s) Worked: <u>1</u> Description of Activity: <u>Math and ELA Data Chats</u> 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
<u>See attached</u>	
_____	_____
_____	_____
_____	_____
_____	_____

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

Frida Kahlo, Principal
Name & Title


Signature

9/6/19
Date

PERIODIC CERTIFICATION

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

[illegible]

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):

Date _____

DIEGO RIVERA EL

AGENDA — THURSDAY, SEPTEMBER 5, 2019

Time	Topic	Facilitator(s)	Location
3:30 p.m. – 4:30 p.m.	Math Data Chats	Robert Watson, Math Department Chair	Library
	ELA Data Chats	Mary Ann Bassler, English Department Chair	

LOS ANGELES UNIFIED SCHOOL DISTRICT
Sign-In Sheet

Name of School: Diego Rivera EL School Year: 2019-20
 Training Description: Math and ELA Data Chats
 Funding Program(s) and Code(s): Title I (7S046)
 Training Date(s): September 5 Number of Hours: 1

Employee Name	Employee #	Time In	Time Out	Signature
Juan Quintanilla	711711	3:30	4:00	<i>J. Q.</i>
Paula Hurdee	645645	3:30	4:30	<i>Paula H.</i>
Gina Yuu	636363	3:30	4:30	<i>Gina Yuu</i>
Lara Abelardo	511511	3:30	4:30	<i>L. A.</i>
Stan Taylor	701710	3:30	4:30	<i>Stan Taylor</i>
Mary Ann Bassler	710510	3:30	4:30	<i>M. A. Bassler</i>
Neil Williamson	789321	3:30	4:30	<i>Neil Williamson</i>
Robert Watson	701234	3:30	4:30	<i>Robert W.</i>
Virginia Williams	765567	3:30	4:30	<i>V. W.</i>
Michelle Lee	700567	3:45	4:30	<i>Michelle Lee</i>

MULTI-FUNDED TIME REPORT*

*Activities and programs can be edited for specific needs.

Employee Name: _____ Class Code: _____ Month: _____
 Employee #: _____ Position: _____ School/Office: _____

Program Name:		Title I														Program Code:														7S046													
Date:	M	T	W	TH	F	S	Su	M	T	W	TH	F	S	Su	M	T	W	TH	F	S	Su	M	T	W	TH	F	S	Su															
# of Hrs																																											
Activity #																																											
(a)																																											

Program Name:		Title I														Program Code:														7S046													
Date:	M	T	W	TH	F	S	Su	M	T	W	TH	F	S	Su	M	T	W	TH	F	S	Su	M	T	W	TH	F	S	Su															
# of Hrs																																											
Activity #																																											
(a)																																											

Program Name:		Title I														Program Code:														7S046													
Date:	M	T	W	TH	F	S	Su	M	T	W	TH	F	S	Su	M	T	W	TH	F	S	Su	M	T	W	TH	F	S	Su															
# of Hrs																																											
Activity #																																											
(a)																																											

Program Name:		Title I														Program Code:														7S046													
Date:	M	T	W	TH	F	S	Su	M	T	W	TH	F	S	Su	M	T	W	TH	F	S	Su	M	T	W	TH	F	S	Su															
# of Hrs																																											
Activity #																																											
(a)																																											

***Categorical Program Funded Activities (1-24):**

Check with Program Administrator for allowable program activities and list below.

- | | |
|----------|----------|
| 1 _____ | 13 _____ |
| 2 _____ | 14 _____ |
| 3 _____ | 15 _____ |
| 4 _____ | 16 _____ |
| 5 _____ | 17 _____ |
| 6 _____ | 18 _____ |
| 7 _____ | 19 _____ |
| 8 _____ | 20 _____ |
| 9 _____ | 21 _____ |
| 10 _____ | 22 _____ |
| 11 _____ | 23 _____ |
| 12 _____ | 24 _____ |

***General Program Funded Activities (a-l):** Check with

Program Administrator for activities (required by State & District policies) and list below

- | |
|---------|
| a _____ |
| b _____ |
| c _____ |
| d _____ |
| e _____ |
| f _____ |
| g _____ |
| h _____ |
| i _____ |
| j _____ |
| k _____ |
| l _____ |

Program Name	Program Code	# of Hours	%
Title I	7S046		
Total			

Certification: I certify that the information recorded on this Daily Time Report is true and correct to the best of my knowledge.

Signature of Employee _____

Date: _____

Signature of Supervisor _____

Date: _____