LOS ANGELES UNIFIED SCHOOL DISTRICT Accounting and Disbursements Division

PERIODIC CERTIFICATION

School/Office Name: Diego Rivera El										
Program Name(s): Title !	Program Code(s): 7S046									
Cost Objective Name, if applicable: SWP	[e.g., Title I Schoolwide plan (SWP)]									
A										
CHECK	ONE ONLY									
Periodic Certification	■ Training, Occasional or Substitute Assignment Certification									
Fiscal Year:	Fiscal Year: 2020									
Period Covered:	Date(s) Worked: September 5, 2019									
(Not more than six months, e.g. July-Dec, Jan-June)	Hour(s) Worked: 1									
	Description of Activity:									
	Math and ELA Data Chats									
	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 100% of their time during the period/date(s) spec program code/s) or an approved single cost object										
I hereby certify that this report is an after-the-face period/date(s) indicated.	et determination of actual effort expended for the									
Name	Position									
See attached										
	·									
Supervising Official with first-hand knowledge of	the work performed by the employee(s):									
Frida Kahlo, Principal	Find by 9/6/19									
Name & Title	Signature Date									

LOS ANGELES UNIFIED SCHOOL DISTRICT Accounting and Disbursements Division

PERIODIC CERTIFICATION

(continued from previous page)

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

Name	Position
riod/date(s) specified above under a single agle cost objective/activity.	above have worked 100% of their time during the e funding source (i.e. program code/s) or an approved
ereby certify that this report is an after-the riod/date(s) indicated.	e-fact determination of actual effort expended for the
ervising Official with first-hand knowledg	ge of the work performed by the employee(s):
Name & Title	Signature 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	1.1.
Paula Hurdee	645645	3:30	4:30	Kul H.
Gina Yuu	636363	3:30	4:30	Sina WV
Lara Abelardo	511511	3:30	4:30	J.A.
Stan Taylor	701710	3:30	4:30	Statla Per No
Mary Ann Bassler	710510	3:30	4:30	AAA, birship
Neil Williamson	789321	3:30	4:30	West WHI
Robert Watson	701234	3:30	4:30	Relat W.
Virginia Williams	765567	3:30	4:30	N. W.
Michelle Lee	700567	3:45	4:30	Midullo Leir

MULTI-FUNDED TIME REPORT*

*Activities and programs can be edited for specific needs.

Employee Na Employee #:										e:													Month: School/	_													
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