

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)]

<b>CHECK ONE ONLY</b>	
<input type="checkbox"/> Periodic Certification  Fiscal Year: _____ Period Covered: _____  (Not more than six months, e.g. July-Dec, Jan-June)	<input type="checkbox"/> Training, Occasional or Substitute Assignment Certification  Fiscal Year: _____ Date(s) Worked: _____ Hour(s) Worked: _____ Description of Activity: _____  <b>NOTE:</b> 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.
<p>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.</p> <p>I hereby certify that this report is an after-the-fact determination of actual effort expended for the period/date(s) indicated.</p>	

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**  
**(continued from previous page)**

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

Program Name(s): \_\_\_\_\_ Program Code(s): \_\_\_\_\_

Name	Position
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

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

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date