LOS ANGELES UNIFIED SCHOOL DISTRICT Accounting and Disbursements Division

COVID 19 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	Training, Occasional or Substitute Assignment Certification		
Fiscal Year:	Fiscal Year:		
Period Covered:	Date(s) Worked:		
(Not more than six months, e.g. July-Dec, Jan-June)	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.

I hereby certify that the individual(s) listed below completed this activity outside of their contracted instructional work minutes and office hours.

Name

Position

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

LOS ANGELES UNIFIED SCHOOL DISTRICT Accounting and Disbursements Division

COVID 19 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

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.

I hereby certify that the individual(s) listed above completed this activity outside of their contracted instructional work minutes and office hours.

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