

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
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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