

LOS ANGELES UNIFIED SCHOOL DISTRICT  
Accounting and Disbursements Division

**PERIODIC CERTIFICATION DURING EXTRAORDINARY CIRCUMSTANCES**

School/Office Name: \_\_\_\_\_

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

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

CHECK ONE ONLY	
<input type="checkbox"/> Periodic Certification  Fiscal Year: _____ Period Covered: _____ (e.g. March 16 – June 30)	<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) who is/are funded by a single source (i.e. program code) or an approved single cost objective/activity was/were:</p> <p><input type="checkbox"/> not able to work for the program listed above or other programs during the period/date(s) specified above.</p> <p><input type="checkbox"/> working with a different program during the period/date(s) specified above. Identify the specific program/activity (e.g. Grab &amp; Go, Help Desk) _____ If the second box is checked, timekeepers should enter payroll adjustments to reflect the appropriate program(s) served. If you have questions regarding funding for the appropriate program served, please contact <a href="mailto:Acctg-Controls@lausd.net">Acctg-Controls@lausd.net</a>.</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

