

LOS ANGELES UNIFIED SCHOOL DISTRICT
Accounting and Disbursements Division

ADMINISTRATOR ASSURANCES

Period Ending _____ Fiscal Year _____
(e.g. July-Dec, Jan-June)

School/Office _____

I hereby certify that I have obtained the appropriate supporting documentation, as outlined in this bulletin, for those employees who were paid using federal and/or state categorical funds. All necessary adjustments have been entered in the payroll system so that actual hours worked are properly reflected.

These documents have been retained by the time-reporter at my location and are available for review.

Administrator's Name

Administrator's Signature

Date

A copy of this signed assurance must be sent to your Region Administrator of Operations or Division Administrator by January 31st and July 31st of each fiscal year.