

LOS ANGELES UNIFIED SCHOOL DISTRICT
Accounting and Disbursements Division

FEDERAL AND STATE CATEGORICAL FUNDED CERTIFICATION
(Training or Occasional Assignments)

Fiscal Year _____ Date (s) Worked _____

Hours Worked: _____

Description of Activity _____

Name _____

School/Office _____

Categorical Program _____

Program Code _____

I hereby certify that I was funded solely (100%) from the above program funds and received training/performed work as set forth on this program(s), single cost objective or single indirect cost activity.

Employee Signature

Date

NOTE: If multiple employees from the same cost center attend a training, Attachment H 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, and date(s) of training.

SECTION BELOW TO BE COMPLETED FOR TRAINING ACTIVITY ONLY

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I hereby certify that the above-named employee has successfully completed the training on the dates indicated above on _____

(Topic of Training)

Name and Signature
Training Instructor

Date

**NOTE: AFTER TRAINING INSTRUCTOR HAS SIGNED THIS CERTIFICATION,
PLEASE SUBMIT TO YOUR TIME REPORTER.**