Attachment 2

Alvord Unified School District
Equity and Access Office
Periodic Certification During Extraordinary Circumstances

Employee Name:
Position/Title:
Site/Location:

Period Covered:
Funding:
Program:

CHECK ONE ONLY	
☐ Periodic Certification Fiscal Year: _____ Period Covered: _____ (e.g. March 16 – June 30)	☐ Training, Occasional or Substitute Assignment Certification. Fiscal Year: _____ Dates(s) Worked: _____ Hour(s) Worked: _____ Description of Activity: _____ _____ Note: If multiple employees from the same site 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 the traning description, funding source(s), employee name, employee number, signature (if in person), hours worked, and date(s) of training.

I hereby certify that the individual(s) listed below (attach additional sheets if necessary) who is/are funded by a single source (e.g. Title 1) or an approved single cost objective/activity was/were:

☐ Not able to work for the program listed above or other programs during the time-period specified above.

☐ Working with a different program during the time-period specified above.

Identify the specific program/activity _____

If the second box is checked, payroll adjustments will be entered to reflect the appropriate program(s) served.

I hereby certify that this report is an after-the-fact determination of actual effort expended for the period/date(s) indicated.

Supervising Administrator with firsthand knowledge of the work performed by the employee(s):

_____	_____	_____
Name & Title	Signature	Date