

RESOLUTION 2019/20-04
of the Governing Board of the

Dixie School/College District
County of Marin, State of California

AUTHORIZATION TO SIGN ON BEHALF OF THE GOVERNING BOARD

San Rafael, California

June 25, 2019

City

Date

Pursuant to the provisions of Education Code Section 42630 to 42633 (School Districts) and 85230 to 85233 (Community College Districts) and other legal provisions, the members of the governing board of the above-named school/college district hereby authorize the officer or employee whose name and signature appear below to sign orders and other documents on behalf of the governing board of said school/college district during the period 7/1/19-6/30/20 (not to exceed one fiscal year), subject to further board action limiting or extending this authority and notification to the County Superintendent and the County Auditor of such action.

Rebecca Rosales

IS AUTHORIZED TO SIGN THE FOLLOWING ON BEHALF OF THE BOARD:

Name (Typed)

Int. Superintendent

Title

Signature

Please Indicate
"Yes" or "No"

Payroll & Retirement

Overpayment / Adjustment	Yes	<input checked="" type="checkbox"/>
Retirement Election Forms	Yes	<input checked="" type="checkbox"/>
Sick Leave Transfers	Yes	<input checked="" type="checkbox"/>
Sick Leave Service Credit Calculations	Yes	<input checked="" type="checkbox"/>

Cash Receipt / Disbursement Authorization

Endorsement Checks.....	Yes	<input checked="" type="checkbox"/>
Journal Vouchers Requests.....	Yes	<input checked="" type="checkbox"/>
Loan Request -Tax Anticipation Note (TAN)	Yes	<input checked="" type="checkbox"/>
Payroll Order Certification	Yes	<input checked="" type="checkbox"/>
Vendor Payment Certification	Yes	<input checked="" type="checkbox"/>
Deposit Transmittal	Yes	<input checked="" type="checkbox"/>

Attendance Reporting

Attendance Certifications	Yes	<input checked="" type="checkbox"/>
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State and Federal Reporting

Audit Findings-Certification of Corrective Action	Yes	<input checked="" type="checkbox"/>
Certification of Federal Funds	Yes	<input checked="" type="checkbox"/>
Independent Auditor Selection Form	Yes	<input checked="" type="checkbox"/>
Salary and Benefit Schedule (J90).....	Yes	<input checked="" type="checkbox"/>

Other (Please Specify).....**Revolving Cash Funds**.....

Signed by a majority of trustees (Original signatures required on all copies):

_____	_____	_____
_____	_____	_____
_____	_____	_____

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Tanya Michel IS AUTHORIZED TO SIGN THE FOLLOWING ON BEHALF OF THE BOARD:

Name (Typed)

Chief Business Official

Title

Signature

Please Indicate
"Yes" or "No"

Cash Receipt / Disbursement Authorization

Endorsement Checks	X	_____
Journal Vouchers Requests	X	_____
Loan Request –Tax Anticipation Note (TAN)	X*	_____
Payroll Order Certification	X	_____
Request for Hand Warrant	X	_____
Vendor Payment Certification	X	_____
Deposit Transmittal.	X	_____

Attendance Reporting

Attendance Certifications	X	_____
Request for Inter-district Attendance Permit	X*	_____

State and Federal Reporting

Applications for K-3 Class Size Reduction Operations	X*	_____
Audit Findings-Certification of Corrective Action.. ..	X*	_____
Certification of IDEA Funds. (Resource 3310)	X*	_____
Deferred Maintenance Certification ..	X*	_____
Independent Auditor Selection Form	X*	_____
K-12 Revenue Limit Certifications	X*	_____
Morgan-Hart Class Size Reduction Program Application (J10). .	X*	_____
Reduction to Categorical program Funding Basic Aid Districts	X*	_____
Report of Enrollment for K-3 Class Size Reduction Program (J7)	X*	_____
Salary and Benefit Schedule (J90)	X*	_____

Other (Please Specify) * In Superintendent's Absence

Signed by a majority of trustees (Original signatures required on all copies):

_____	_____	_____
_____	_____	_____
_____	_____	_____

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Virginia Pheatt

IS AUTHORIZED TO SIGN THE FOLLOWING ON BEHALF OF THE BOARD:

Name (Typed)

Asst. Chief Business Officer

Title

Signature

Please Indicate
"Yes" or "No"

Payroll & Retirement

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Attendance Reporting

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State and Federal Reporting

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