

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

*Rebecca Rosales*  
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  
*Virginia Pheatt*  
Signature

Please Indicate  
"Yes" or "No"

**Payroll & Retirement**

- Overpayment / Adjustment ..... No
- Retirement Election Forms ..... No
- Sick Leave Transfers ..... No
- Sick Leave Service Credit Calculations ..... No

**Cash Receipt / Disbursement Authorization**

- Endorsement Checks..... No
- Journal Vouchers Requests..... No
- Loan Request –Tax Anticipation Note (TAN) ..... No
- Payroll Order Certification ..... No
- Vendor Payment Certification ..... No
- Deposit Transmittal ..... No

**Attendance Reporting**

- Attendance Certifications ..... No

**State and Federal Reporting**

- Audit Findings-Certification of Corrective Action ..... No
- Certification of Federal Funds ..... No
- Independent Auditor Selection Form ..... No
- Salary and Benefit Schedule (J90)..... No

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_