



October 15, 2020

TO: Business and Accounting Administrators
Los Angeles County K-12 Schools and Community College Districts and
Other Local Educational Agencies

FROM: Ares Ayson, Interim Assistant Director
Accounting and Financial Services
Division of School Financial Services

SUBJECT: Annual Certification of Signature Resolution

The governing board of each school district and community college district is required to hold an annual organizational meeting according to Education Code Section 35143/72000 as follows:

- Within a 15-day period that commences with the date upon which a governing board member elected at that election takes office. In years when there are no regular elections conducted for governing board members, the organizational meeting shall be held during the same 15-day period.
- Only a city board of education, whose members are elected in accordance with a city charter, are exempt from the above.

LACOE requires the Certification of Signatures Resolution be approved at that meeting.

ANNUAL CERTIFICATION OF SIGNATURE RESOLUTION SUBMISSION DUE DATES

The annual Certification of Signatures is due to the Los Angeles County Office of Education (LACOE) as follows:

Date Expiring

December 31, 2020
May 31, 2021
June 30, 2021
July 31, 2021
August 31, 2021

Date Due

December 18, 2020
May 17, 2021
June 14, 2021
July 16, 2021
August 16, 2021

NEW RESOLUTION REQUIRED FOR ANY CHANGE IN SIGNATURE AUTHORIZATIONS

When changes in signature authorizations occur before the expiration of the annual Resolution, the district must submit a new Resolution. The new Resolution will rescind all previous signature Resolutions. The Resolution should be signed by the Clerk of the Board, accompanied by the Board minutes. If the change is removing a signatory, a cover letter describing the change and the Board minutes will suffice.

REMOVE OR DEACTIVATE PEOPLESOFT/BEST ADVANTAGE FINANCIALS OPERATOR APPROVING RIGHTS TO SIGNATORIES WHO ARE NO LONGER AUTHORIZED

At the same time, whenever changes in signature authorizations occur, a PeopleSoft Operator Security form (which can be obtained from our website) or a User Maintenance Document (UDOC) should be completed and submitted to the Security & Workflow Unit to request deactivation of the approving rights given to signatories who are no longer authorized. For any questions about the form or UDOC, please contact the Security & Workflow Unit at SFSSecurity@laoe.edu.

SIGNATURES ON EXPIRED CERTIFICATION

A signature on an expired Certification of Signatures Resolution will not be honored for purposes of approving voucher or payment requests. If the resolution expires before the scheduled organizational meeting, please submit a letter requesting an extension to honor the signature(s) until a new resolution is approved within thirty (30) days after the expiration date.

Submit by email a cover letter, the Board Minutes, the approved Certification of Signature Resolution, and the adopted list of authorized district personnel with their delegated duties to SFS Commercial Claims at commercial_claims@laoe.edu.

This bulletin and its attachments are posted on the LACOE website at the following address:

<https://www.laoe.edu/bulletins>

The Certification of Signatures Resolution form may be accessed on the website: <https://www.laoe.edu/Business-Services/School-Financial-Services/Commercial-Claims>, select "Certification of Signatures" under "Resources".

Due to the COVID-19 pandemic, there is no need to send hard copies. The Certification of Signatures and letters can be sent by email to SFS Commercial Claims at commercial_claims@laoe.edu. Indicate District Name and Certification of Signatures in the subject line. For any questions regarding this bulletin, contact Ares Ayson at (562) 922-6849 or by email at Ayson_Ares@laoe.edu

Approved:
Nkeiruka Benson, Director
Division of School Financial Services

AA:sj
Attachments

SFS-A-2020-2021

DISTRICT _____

CERTIFICATION OF SIGNATURES

As clerk/secretary to the governing board of the above named district, I certify that the signatures shown below in Column 1 are the verified signatures of the members of the governing board. I certify that the signatures shown in Column 2 are the verified signatures of the person or persons authorized to sign notices of employment, contracts and orders drawn on the funds of the district. These certifications are made in accordance with the provisions of Education Code Sections:

K-12 Districts: 35143, 42632, and 42633

Community College Districts: 72000, 85232, and 85233

If persons authorized to sign orders as shown in Column 2 are unable to do so, the law requires the signatures of the majority of the governing board.

These approved signatures are valid for the period of: _____ to _____

In accordance with governing board approval dated _____, 20 _____.

Signature _____

Clerk (Secretary) of the Board

Typed Name _____

Clerk (Secretary) of the Board

NOTE: Please TYPE name under signature.

Column 1

Signatures of Members of the Governing Board

SIGNATURE	INITIALS
TYPED NAME	
President of the Board of Trustees/Education	
SIGNATURE	INITIALS
TYPED NAME	
Clerk/Secretary of the Board of Trustees/Education	
SIGNATURE	INITIALS
TYPED NAME	
Member of the Board of Trustees/Education	
SIGNATURE	INITIALS
TYPED NAME	
Member of the Board of Trustees/Education	
SIGNATURE	INITIALS
TYPED NAME	
Member of the Board of Trustees/Education	
SIGNATURE	INITIALS
TYPED NAME	
Member of the Board of Trustees/Education	
SIGNATURE	INITIALS
TYPED NAME	
Member of the Board of Trustees/Education	

If the Board has given special instructions for signing warrants or orders, please attach a copy of the resolution to this form.

Column 2

Signatures of Personnel and/or Members of Governing Board authorized to sign Orders for Salary or Commercial Payments, Notices of Employment, and Contracts:

SIGNATURE	INITIALS
TYPED NAME	
TITLE	
SIGNATURE	INITIALS
TYPED NAME	
TITLE	
SIGNATURE	INITIALS
TYPED NAME	
TITLE	
SIGNATURE	INITIALS
TYPED NAME	
TITLE	
SIGNATURE	INITIALS
TYPED NAME	
TITLE	
SIGNATURE	INITIALS
TYPED NAME	
TITLE	
SIGNATURE	INITIALS
TYPED NAME	
TITLE	

Number of Signatures required:

ORDERS FOR SALARY PAYMENTS	ORDERS FOR COMMERCIAL PAYMENTS
NOTICES OF EMPLOYMENT	CONTRACTS

Place on District Letterhead

CERTIFICATION OF SIGNATURES RESOLUTION

Date:

Ares Ayson
Interim Assistant Director
Accounting and Financial Services
Division of School Financial Services
Los Angeles County Office of Education (LACOE)

Per LACOE Bulletin #5284, attached is the Certification of Signatures Resolution expiring on _____ which was approved during our organizational meeting on _____.

If you have any questions, please contact, (Name and title of district representative) at (Phone number), and (e-mail address).

Sincerely,

District Representative
Title and Division

Place on District Letterhead

**REQUEST FOR EXTENTION OF THE
CERTIFICATION OF SIGNATURES RESOLUTION**

Date:

Ares Ayson
Interim Assistant Director
Accounting and Financial Services
Division of School Financial Services
Los Angeles County Office of Education (LACOE)

Per LACOE Bulletin #5284, this is a request to honor the Certification of Signatures Resolution which expired on _____ until a new resolution is approved on our next organizational meeting scheduled on _____.

A copy of the new approved Certification of Signatures Resolution will be sent to you after the organizational meeting.

If you have any questions, please contact, (Name and title of district representative) at (Phone number), and (e-mail address).

Sincerely,

District Representative
Title and Division

Place on District Letterhead

NOTICE OF REVISION/AMENDMENT ON THE CERTIFICATION OF SIGNATURES

Date:

Ares Ayson
Interim Assistant Director
Accounting and Financial Services
Division of School Financial Services
Los Angeles County Office of Education (LACOE)

Per LACOE Bulletin #5284, this is a notice of revision in our current Certification of Signatures Resolution.

Effective _____, *(describe changes)*. Enclosed is the revised Certification of Signatures Resolution signed by the Secretary of the Board and the approved minutes for the revision.

If you have any questions, please contact, (Name and title of district representative) at (Phone number), and (e-mail address).

Sincerely,

District Representative
Title and Division