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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		
n accordance with governing board approval d	ated	, 20	.	
		Signature		
			Clerk (Secretary) of the	Board
		Typed Name	Clerk (Secretary) of the	
NOTE: Please TYPE name under signature.		Column 2	Clerk (Secretary) of the	Board
Solumn 1			annal and/or Mambara	of Coverning Board
Column 1 Signatures of Members of the Governing Board		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	SIGNATURE	· · ·	INITIALS
TYPED NAME		TYPED NAME		
President of the Board of Trustees/Education		TITLE		
SIGNATURE	INITIALS	SIGNATURE		INITIALS
TYPED NAME		TYPED NAME		
Clerk/Secretary of the Board of Trustees/Educa	ation	TITLE		
SIGNATURE	INITIALS	SIGNATURE		INITIALS
TYPED NAME		TYPED NAME		
Member of the Board of Trustees/Education		TITLE		
SIGNATURE	INITIALS	SIGNATURE		INITIALS
TYPED NAME		TYPED NAME		
Member of the Board of Trustees/Education		TITLE		
SIGNATURE	INITIALS	SIGNATURE		INITIALS
TYPED NAME		TYPED NAME		
Member of the Board of Trustees/Education		TITLE		
SIGNATURE	INITIALS	SIGNATURE		INITIALS
TYPED NAME		TYPED NAME		
Member of the Board of Trustees/Education		TITLE		
SIGNATURE	INITIALS	SIGNATURE		INITIALS
TYPED NAME		TYPED NAME		
Member of the Board of Trustees/Education		TITLE		

Number of Signatures required:

ORDERS FOR COMMERCIAL PAYMENTS

CONTRACTS

ORDERS FOR SALARY PAYMENTS

NOTICES OF EMPLOYMENT

If the Board has given special instructions for signing warrants

or orders, please attach a copy of the resolution to this form.