

San Rafael City Schools	School/College District
County of Marin, State of California	

August 8, 2016

Date \_\_\_\_\_

Mayra Perez

Name (Typed)

Title

Please Indicate  
"Yes" or "No"

Overpayment / Adjustment .....	x
Retirement Election Forms .....	x
Sick Leave Transfers .....	x
Sick Leave Service Credit Calculations .....	x

Endorsement Checks.....	<u>                    </u>	X
Journal Vouchers Requests.....	<u>                    </u>	X
Loan Request –Tax Anticipation Note (TAN) .....	<u>                    </u>	X
Payroll Order Certification .....	<u>                    </u>	X
Vendor Payment Certification .....	<u>                    </u>	X
Deposit Transmittal.....	<u>                    </u>	X

## Attendance Certifications ..... X

Audit Findings-Certification of Corrective Action .....	_____	X
Certification of Federal Funds .....	_____	X
Independent Auditor Selection Form .....	_____	X
Salary and Benefit Schedule (J90).....	X	_____

<b>Other</b> (Please Specify.....)	X
------------------------------------	---

---

---

---