

**RESOLUTION #11**  
of the Governing Board of the

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

**AUTHORIZATION TO SIGN ON BEHALF OF THE GOVERNING BOARD**

Kentfield, California

June 9, 2020

**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 July 1, 2020 - June 30, 2021 (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.

Raquel Rose

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

Name (Typed)

Superintendent

*R. Rose*

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).....**

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

<u><i>[Signature]</i></u>	<u><i>[Signature]</i></u>	_____
<u><i>[Signature]</i></u>	_____	_____
_____	_____	_____