

RESOLUTION 18-1  
of the Governing Board of the

TAMALPAIS UNION HIGH SCHOOL DISTRICT School/College District  
County of Marin, State of California


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

LARKSPUR, California  
**City**

07/17/2018  
**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 01, 2018 TO JUNE 30, 2019 (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.

WALT BUSTER IS AUTHORIZED TO SIGN THE FOLLOWING ON BEHALF OF THE BOARD:  
**Name (Typed)**

INTERIM SUPERINTENDENT  
**Title**  
  
**Signature**

Please Indicate  
"Yes" or "No"

**Payroll & Retirement**

Overpayment / Adjustment .....	<u>X</u>	_____
Retirement Election Forms .....	<u>X</u>	_____
Sick Leave Transfers .....	<u>X</u>	_____
Sick Leave Service Credit Calculations .....	<u>X</u>	_____

**Cash Receipt / Disbursement Authorization**

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

**Attendance Reporting**


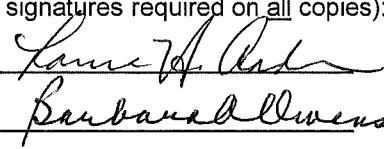
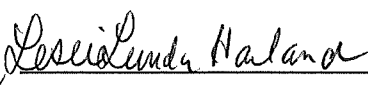
Attendance Certifications .....	<u>X</u>	_____
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**State and Federal Reporting**

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

**Other (Please Specify).....** \_\_\_\_\_

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

<u></u>	<u></u>	<u></u>
_____	_____	_____

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VALERIE PITTS IS AUTHORIZED TO SIGN THE FOLLOWING ON BEHALF OF THE BOARD:  
**Name (Typed)**

INTERIM SUPERINTENDENT  
**Title**  
*Valerie Pitts*  
**Signature**

Please Indicate  
"Yes" or "No"

**Payroll & Retirement**

Overpayment / Adjustment .....	<u>X</u>	<u>        </u>
Retirement Election Forms .....	<u>X</u>	<u>        </u>
Sick Leave Transfers .....	<u>X</u>	<u>        </u>
Sick Leave Service Credit Calculations .....	<u>X</u>	<u>        </u>

**Cash Receipt / Disbursement Authorization**

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

**Attendance Reporting**

Attendance Certifications .....	<u>X</u>	<u>        </u>
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**State and Federal Reporting**

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

**Other** (Please Specify).....         

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

<u><i>[Signature]</i></u>	<u><i>Karen W. [Signature]</i></u>	<u><i>Leslie Lunde Hartman</i></u>
<u><i>[Signature]</i></u>	<u><i>Barbara Owens</i></u>	<u>        </u>