

**RECOMMENDED DISTRIBUTIONS
FOR
NEW SUPERINTENDENT FORMS**

Form	Title	Dist. Files	County Auditor	County Treasurer	ESD	OSPI	Secretary of State, Archives Division
A	Oath of Office	X	X		X		
B	Certificate of Manual Signature	X	X				X
C	Authorization of Facsimile Signature	X					
D	Authorization of Warrant Signature	X		X			
E	Authorization to Invest Funds	X		X			
F	Designation of District Agent	X					
G	Designation of Auditing Officers	X					
H	Appointment of District Claims Agent	X	X				
I	Certified Signatures of District Personnel Authorized to Sign School Construction Project Documents	X				X	

New Board Member Forms

Form	Title	Dist. Files	County Auditor	County Treasurer	ESD	OSPI	Secretary of State, Archives Division
J	SPI 282 Certificate of Appointment or Election of School District Director/ Director's Oath of Office/ Certificate of Director's Signature	X	X		X	X	
K	SPI D320 School District Director Certificate of Election or Appointment	X	X		X	X	

State of Washington
SUPERINTENDENT OF PUBLIC INSTRUCTION
Olympia, Washington

OATH OF OFFICE

STATE OF WASHINGTON, County of _____ ss.

I, _____ do solemnly swear (or affirm) that I will support the Constitution of the United States and the State of Washington and will faithfully perform the duties of Superintendent/Secretary of _____ School District No. _____ in the county of _____, state of Washington, according to the best of my ability.

Signed: _____

Address: _____

SUBSCRIBED AND SWORN TO (or affirmed) before me this _____ day of _____, 20____.

Signed: _____
(official administering oath)

(title of official)

Note: Signatures must be acknowledged by a district superintendent, a notary public, or other official authorized to administer oaths.

CERTIFICATE OF MANUAL SIGNATURE

(Sample of Manual Signature)

I, the undersigned affiant, being first duly sworn on oath, depose and say:

A. My name _____
(print or type)

B. I have been duly chosen and am qualified and acting as
_____ for _____
(name of position) (name of municipality)

C. The signature above is my true manual signature.

Signature

SUBSCRIBED AND SWORN TO (or affirmed) before me this _____ day of _____,
20____.

*Notary Public in and for the State of
Washington, residing in _____
County*

Note: This affidavit is made to comply with Chapter 39.62 RCW.

AUTHORIZATION OF FACSIMILE SIGNATURE

Board Resolution No. _____

WHEREAS, Chapter 86, Laws of 1969, as codified in RCW 39.62 authorizes the use of facsimile signatures by any public officer in lieu of a manual signature to execute any “public security” or any “instrument of payment;”

WHEREAS, the statute further requires that before any authorized officer may use a facsimile signature plate or stamp, he/she must file a manual signature with the Secretary of State, duly certified while under oath; and

WHEREAS, _____, Superintendent/Secretary of the Board, has filed Certificate of Manual Signature, duly certified under oath, with the Auditor of _____ County.

NOW, THEREFORE, BE IT RESOLVED that the facsimile plate or stamp, as imprinted below, for _____, Superintendent/Secretary, be accepted for use in lieu of a manual signature on any public security or any instrument of pay of _____ School District No. _____.

ADOPTED this _____ day of _____, 20____.

Facsimile: _____

Board President Vice-President Board Member

Board Member Board Member

ATTEST:

Superintendent, Secretary to the Board

AUTHORIZATION OF WARRANT SIGNATURE

Board Resolution No. _____

WHEREAS, _____ has been designated as Superintendent/Secretary to the Board of School District No. _____ effective _____;

WHEREAS, the Secretary to the Board is required to sign all warrants ordered to be issued by the Board of Directors; and

WHEREAS, the number of payroll and all accounts payable warrants issued each month by School District if signed personally by the Chair of the Board would impose too great a task.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of _____ School District No. _____, _____ County, Washington, as follows.

- A. After the Board has audited all payrolls as provided in RCW 28A.330.090 or RCW 28A.330.230, authorization be given to the Board Secretary to draw and sign said warrants which will be specified by date, number, name, and amount on the Payroll Warrant Register to be processed to the County Treasurer. The Payroll Warrant Register is to be signed by the President of the Board, or in his/her absence, the Vice-President or any Board member and countersigned by the Secretary to the Board, as provided by RCW 28A.330.080 or RCW 28A.330.230.
- B. After the Board has audited all bills as provided by RCW 28A.330.090 or RCW 28A.330.230, authorization be given to the Board Secretary to draw and sign said warrants which will be specified by date, number, name, and amount of one general certificate and processed to the County Treasurer. This certificate is to be signed by the President of the Board or, in his/her absence, the Vice President or any Board member and countersigned by the Secretary to the Board as provided in RCW 28.A.330.080 or RCW 28A.330.230.

BE IT FURTHER RESOLVED that the signatures below are the true and correct signatures to appear on said warrants or certificate effective _____, 20_____.

The _____ County Treasurer is hereby authorized to pay all warrants authorized by such signatures.

ADOPTED this _____ day of _____, 20____. **EFFECTIVE:** _____

Board Chair

Vice-Chair

Board Member

Board Member

Board Member

ATTEST:

Superintendent, Secretary to the Board

AUTHORIZATION TO INVEST FUNDS

Board Resolution No. _____

WHEREAS, _____ School District No. _____ will have General, Capital Projects, Transportation Vehicle, Debt Service and Associated Student Body Funds during 20____ - 20____ which will not be required for immediate use of the District; and

WHEREAS, it is the intent of the District to utilize resources so as to maximize use of the taxpayers' dollars

IT IS HEREBY RESOLVED by the Board of Directors of _____ School District No. _____, _____ County, Washington, authorizes

_____, Superintendent, or his designee, _____, Fiscal Officer, to continue to invest such funds as they become available effective _____.

DATED this _____ day of _____, 20____, pursuant to RCW 28A.320.310.

Board President

Vice-President

Board Member

Board Member

Board Member

ATTEST:

Superintendent, Secretary to the Board

DESIGNATION OF DISTRICT AGENT

Board Resolution No. _____

BE IT RESOLVED that the Board of Directors of _____ School District No. _____, _____ County, Washington, designates _____ as Superintendent of the _____ School District No. _____; and as Superintendent, _____ is hereby authorized to a) sign any and all Federal, State, County, and City applications, b) sign any and all necessary reports including PL 81-874 and PL 81-815 reports on behalf of the _____ School District No. _____, and c) make requests of the Educational Service District on behalf of the Board of Directors pursuant to RCW 310.200.200(7).

DATED this _____ day of _____, 20_____.

Board President

Vice-President

Board Member

Board Member

Board Member

ATTEST:

Superintendent, Secretary to the Board

DESIGNATION OF AUDITING OFFICERS

Board Resolution No. _____

WHEREAS, the Board of Directors of _____ is required to appoint the Auditing Officers of the School District.

IT IS HEREBY RESOLVED, by the Board of Directors of _____ School District No. _____, _____ County, Washington, that _____, Superintendent, and _____, Fiscal Officer, be designated as Auditing Officers of the District to perform duties as authorized.

DATED this _____ day of _____, 20_____.

Board President

Vice-President

Board Member

Board Member

Board Member

ATTEST:

Superintendent, Secretary to the Board

APPOINTMENT OF DISTRICT CLAIMS AGENT

Board Resolution No. _____

WHEREAS, pursuant to the provisions of RCW 4.96.020 the governing body of each local governmental entity shall appoint an agent to receive any claim for damages made under Chapter 4.96 RCW; and

WHEREAS, all claims for damages against a local governmental entity, or against any local governmental entity's officers, employees, or volunteers, acting in such capacity, shall be presented to the agent within the applicable period of limitations within which an action must be commenced.

NOW THEREFORE BE IT RESOLVED, that the Board of Directors of _____
School District No. _____, _____ County, Washington, appoints the below listed agent to receive any claims for damages made under Chapter 4.96 RCW.

Agent Appointed: _____ (Position Title – not specific name)

Office Address: _____

Business Hours: _____

DATED this _____ day of _____, 20_____.

Board President

Vice-President

Board Member

Board Member

Board Member

ATTEST:

Superintendent, Secretary to the Board

**CERTIFIED SIGNATURES OF DISTRICT PERSONNEL AUTHORIZED TO
SIGN SCHOOL CONSTRUCTION PROJECT DOCUMENTS**

Board Resolution No. _____

WHEREAS, WAC 180-29-120 requires the District to provide the State Superintendent of Public Instruction with certified signatures of District personnel authorized to sign school construction project documents on behalf of the District;

NOW, THEREFORE, BE IT RESOLVED that the _____ School District No. _____ Board of Directors hereby authorizes the following person(s) to sign the District's school construction project requests for payment and other school construction documents with the following certified signatures.

_____, Superintendent and Board Secretary

ADOPTED this _____ day of _____, 20_____.

EFFECTIVE: _____, 20_____.

Board President

Vice-President

Board Member

Board Member

Board Member

ATTEST:

Superintendent, Secretary to the Boar

OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
Administrative Resource Services
Old Capitol Building, PO BOX 47200
OLYMPIA, WA 98504-7200
(360) 725-6133 TTY (360) 664-3631 FAX (360) 753-4201

**CERTIFICATE OF APPOINTMENT OR ELECTION
OF SCHOOL DISTRICT DIRECTOR**
(Ref.: RCW 28A.343.370)

This is to Certify that on the ____ day of ____, 20 ____, a majority of the (check one) School District Board of Directors, Educational Service District Board voted in a duly held public meeting to appoint/elect ____ to the office of director of ____ School District No. ____, to expire ____, and who replaces ____.

Certified by: _____
(Secretary of the Board)

this ____ day of ____, 20 ____.

DIRECTOR'S OATH OF OFFICE
(Ref.: RCW 28A.343.360)

TO: County Auditor

State of Washington)
) SS.
County of)

I, ____, do hereby solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution of the state of Washington and will faithfully discharge the duties of Director of ____ School District No. ____, ____ County, state of Washington, to the best of my ability.

Signed: _____

Subscribed and sworn to (or affirmed) before me this ____ day of ____, 20 ____.

Signed: _____
(Official administering oath)

Title of Official: _____

CERTIFICATE OF DIRECTOR'S SIGNATURE
(Ref.: RCW 28A.400.020)

TO: County Auditor

This is to Certify that the signature which appears below is that of ____ who was appointed/elected to the office of Director of ____ School District No. ____.

Signed: _____
(Director Elected)

Address: _____

Certified by: _____
(Secretary of the Board)

Instructions on reverse side

this ____ day of ____, 20 ____.

CERTIFICATE OF APPOINTMENT OF SCHOOL DISTRICT DIRECTOR

This portion of the form is to be completed whenever a person is **appointed or elected** to the board of directors of a school district.

DIRECTOR'S OATH OF OFFICE

This oath or affirmation must be taken before a school district or educational service district superintendent, notary public, or another official authorized to administer oaths prior to assuming the office of school director.

CERTIFICATE OF DIRECTOR'S SIGNATURE

Every school district director and school district superintendent shall have his/her signature certified and on file in the office of the county auditor.

DISTRIBUTION: School Districts

Submit the original and two copies of completed form to the Educational Service District Superintendent

Educational Service District

Send: Original – County Auditor

Copy – Administrative Resource Services
Office of Superintendent of Public Instruction
Old Capitol Building
PO BOX 47200
OLYMPIA WA 98504-7200

A reminder that all sections must be filled out in its entirety in order for Administrative Resource Services to update the information. The pertinent information is who the school board member replaced (if applicable) or if they were re-elected for another term. The new board member's address is needed as well.



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Administrative Resource Services
 Old Capitol Building, PO BOX 47200,
 OLYMPIA, WA 98504-7200
 (360) 725-6133 TTY (360) 664-3631 FAX (360) 753-4201

**School District Director
 CERTIFICATE OF ELECTION OR APPOINTMENT**

(See Instructions On Reverse Side Of Form)

This is to certify that on the _____ day of _____, 20_____, a majority of the (check one)
 _____ School District Board of Directors _____ Educational Service District Board, voted in a duly held public meeting to
 (check one) _____ elect _____ appoint _____ to
 the office of director of the board of _____ School District No. _____, Congressional District
 No. _____, Director District No. _____, County of _____, state of Washington, in order to fill a
 position formerly held by _____, to
 expire _____.

LIST ALL MEMBER(S) NAME, ADDRESS, AND WHO THEY REPLACED	
NAME CHAIRMAN	HOME ADDRESS: (Street, PO Box, City, State)
REPLACES	ZIP CODE
NAME	HOME ADDRESS: (Street, PO Box, City, State)
REPLACES	ZIP CODE
NAME	HOME ADDRESS: (Street, PO Box, City, State)
REPLACES	ZIP CODE
NAME	HOME ADDRESS: (Street, PO Box, City, State)
REPLACES	ZIP CODE
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REPLACES	ZIP CODE
NAME	HOME ADDRESS: (Street, PO Box, City, State)
REPLACES	ZIP CODE

Form must be filled out completely and accurately. NOTICES
 SUBMITTED ON OTHER FORMS WILL NOT BE ACCEPTED.

**INSTRUCTIONS FOR COMPLETING CERTIFICATE OF ELECTION
OR APPOINTMENT FORM**

SCHOOL DISTRICTS: Please complete and send the **original and two copies** to the Educational Service District Superintendent within 10 days after the annual change or any other change in the composition of the Board.

EDUCATIONAL SERVICE DISTRICTS: Please forward **one copy** to the Superintendent of Public Instruction, Attention: Administrative Resource Services.