Los Angeles Unified School District
Human Resources Division
Certificated Assignments and Support

APPLICATION FOR ASSIGNMENT AS PROFESSIONAL EXPERT/TEMPORARY CERTIFICATED ASSIGNMENT

EMPLOYEE INFORMATION:

Last Name	First	M.I.	Telephone Number

Street Address	City	State	Zip Code

EMPLOYMENT WITH THE LOS ANGELES UNIFIED SCHOOL DISTRICT:

Current Employee / New Employee	Pers ID/Emp No	Location	Position	Hours
Retired Employee	Year Retired			
Former Employee	Year Last Worked			

Applicant Signature _____ Date _____

TO BE COMPLETED BY SPONSORING SCHOOL OR OFFICE

Fingerprint / TB Clearance: No applicant is authorized to perform any services until all required forms have been processed (including fingerprint / TB clearance for new employees or recent retirees) and the assignment has been approved. Refer to Personnel Policy Guide E12 for additional information.

Statement of Duties: Must be attached describing in sufficient detail justification of proposed salary rate.

Job Code/Class Code (A, B, C, D, E, F, TCA)	Rate of Pay Per Hour	Hours Per Pay Period	Total Hours	Time of Day Work Performed	Beginning Date	Ending Date

CERTIFICATION:

I certify that the above-named individual will perform the duties described on the attachment and will not render service normally included in the duty statements of Classified, Certificated, or other Unclassified employees, and I request that the individual be employed as a Professional Expert. Furthermore, the assignment of this employee is in accord with Board Rule 1911 (Nepotism) and avoids the assignments of close relatives or cohabitants to work in situations where conflicts of interest could arise.

Signature of Sponsoring Official | Title | School / Office

Fund / Program Code | Telephone | Date

BUDGET AUTHORIZATION:

Fiscal Unit Approval | Fund | Program Code | Date

PERSONNEL AUTHORIZATION:

Personnel Office Approval | Approved | Not Approved | Date

PROCEDURE: Submit copy to the appropriate Fiscal Budget Specialist or your division office for budget authorization. The Fiscal Budget Specialist or your division office will attach a Request for Personnel Action form and forward it to the Certificated Assignment Unit, 333 S. Beaudry, 15th floor for assignment processing.

REQUEST FOR PERSONNEL ACTION

ACTION REQUESTED FOR POSITION *(Please check the box to the left of the action you are requesting)*:

☐	**New Position**	☐	**Modify *(Change)* Position**	☐	**Delimit Assignment (*Person*)**
☐	**Continue Current Position**	☐	**Defund (*Close*) Position**		

POSITION/TITLE *(Please check the box to the left of the title/position):*

☐	**Teacher Assistant**	☐	**Professional Expert ----**	☐	**Coach / Teacher Advisor ----**
☐	**Education Aide**	☐	**Student Aide ----**	☐	**Support Services (Specify Class Title Below)**
☐	**Classified Relief**	☐	**Community Rep. ----**		**Job Title**
☐	**Temporary Certificated Assignment ----**			☐	**Other**

EMPLOYEE / ASSIGNMENT / FUNDING INFORMATION: *(Use "tab" to move to the next field)*

Name				Person ID			
	(Last)		*(First)*	*(M.I.)*			
Beginning Date		Ending Date		Job Code		Rate	
Differential		Personnel Sub Area		Hours per day		Total annual fiscal hours *	
Calendar Option		Emp Sub Group	----				
From Org Unit Name		To Org Unit Name					
Comments							

**Mandatory for Part-time employees.*

BUDGET AND PAYROLL / TIME REPORTING: *(Use "tab" to move to the next field)*

SACS Fund		Functional Area		EE Group	
LAUSD Program Name		Position ID Number			

IN PLACE OF:

Name		PERNR	

REQUESTED BY:

Org Unit Name			
ESC or Office		Fund Center / Org Unit Code	

Principal / Administrator / Supervisor Signature	Print Name	Telephone No.

Email	Date	Contact person	Telephone No.

If required, appropriate processing packets must be attached to this request. Teacher Assistant packets are available from the Instructional Assistance Office and may be requested by calling (213) 241-6300.

Schools: Please return completed form to the ESC Business and Finance Office.

FOR ESC BUSINESS AND FINANCE OFFICE USE ONLY			
Authorizations:		Date processed:	

FOR HUMAN RESOURCES USE ONLY							
Assign. Tech.		Date:		Auditor:		Date:	

Los Angeles Unified School District
Request for Freeze Exemption: Staffing

Please use this form to request any of the following actions:

- ☐ Create a new position (No. of requested positions ____)
- ☐ Close a position
- ☐ Reclassify a position/class upward (classified)
- ☐ Reallocate the salary of a position upward
- ☐ Open a limited-term assignment
- ☐ Change in hours (classified) (from ___ to ___)
- ☐ Change in Basis (from ___ Basis to ___ Basis)
- ☐ Fill an existing non-school-based position

Current/Most Recent Incumbent (if applicable) | Branch /Division /Region

Class Title/Class Code | Bargaining Unit | Salary Range/Schedule | Basis

Location Name | Location Code | Office/Cubicle # | Position Control Number

Funding Source: Program Name & Code | Federal % | General % | Bond % | Other %

Please attach responses to the following questions on a separate sheet of paper:

1. Please provide an explanation justifying why this position is essential to the operations of the school or office.
2. Identify at a minimum ten typical duties that will be assigned to this position. (*For classified positions*, please do not copy duties from the class description.)
3. Please provide a current organizational chart with the position and supervisor indicated. If upgrading a position or closing a position to open a new one, please indicate that on the organizational chart.
4. If multiple funding sources, please provide list of cost distribution (include program name, code, Fed. %, Gen. %, Bond %, and Other %). If grant funded, please specify the duration of the grant.
5. *For new position requests,* describe how the responsibilities of this position are currently being fulfilled.

Signatures Required:

Branch/Section Head | Date | Division Head/Regional Superintendent | Date

Contact Person (print) | Phone | Email

☐ Approved ☐ Not Approved ☐ Additional Information Needed

Alberto M. Carvalho, Superintendent of Schools | Date

***SUBMIT CERTIFICATED REQUESTS TO*:** Leon Reyblat, Human Resources, leon.reyblat@lausd.net
SUBMIT CLASSIFIED REQUESTS TO: Wendy Guzman, Personnel Commission, wendy.guzman@lausd.net

Revised 01-01-2023

LOS ANGELES UNIFIED SCHOOL DISTRICT
Human Resources Division

EMPLOYMENT INFORMATION (Please Print)

1. NAME _____ (Last) _____ (First) _____ (Middle) 2. SEX: ☐ Male ☐ Female

3. ETHNICITY: Latino? (*Select only one*)

☐ No, Latino ☐ Yes, Latino

The above part of the question is about ethnicity, not race. No matter what you selected above **please continue to answer the following** by marking one or more boxes to indicate what you consider your race to be.

RACE: What is your race? (*Select one or more*)

☐ American Indian or Alaska Native	☐ Guamanian	☐ Other Asian
☐ Asian Indian	☐ Hawaiian	☐ Other Pacific Islander
☐ Black or African American	☐ Hmong	☐ Samoan
☐ Cambodian	☐ Japanese	☐ Tahitian
☐ Chinese	☐ Korean	☐ Vietnamese
☐ Filipino	☐ Laotian	☐ White

4. _____ BIRTHDATE *(MM/DD/YYYY)* 5. _____ SOCIAL SECURITY # 6. _____ CALIFORNIA DRIVER LICENSE #

7. CITIZENSHIP: ☐ I am a citizen of the United States of America.
☐ I am not a citizen of the United States of America, but under federal law I am eligible for employment.

8. PREVIOUS LOS ANGELES UNIFIED SCHOOL DISTRICT EMPLOYMENT: I am currently or have previously been employed by the LAUSD in some capacity, and have been issued an employee number. ☐ Yes ☐ No

_____ Job Title _____ Approximate Dates _____ Employee Number

Name while employed if different from #1 above: _____

9. RETIREMENT SYSTEM INFORMATION:

A. Check the box below if you are retired and are receiving a retirement allowance from either or both of the retirement systems:
☐ State Teachers' Retirement System (STRS) ☐ Public Employees' Retirement System (PERS)

B. If you are <u>not</u> retired, but are a member of one or both retirement system(s), check the appropriate box (es):
☐ I am currently enrolled in STRS, or have funds on deposit with STRS.
☐ I am currently enrolled in PERS, or have funds on deposit with PERS.

C. I understand that if I am currently receiving a retirement allowance from PERS and/or STRS and I am accepting full time employment, it is my responsibility to rescind my retirement with PERS and/or STRS.

10. REPORT OF CONVICTIONS/PENDING COURT CASES (Form 6087): A record of convictions, arrests and pending court cases does not necessarily disqualify an applicant from employment. However, failure to account on Form 6087 for all convictions, arrest and pending criminal court cases <u>will</u> result in disqualification and/or separation from service.

You must request and complete Form 6087 if you have ever been **convicted** of <u>any</u> violation of law, <u>whether or not</u> you were fined, placed on probation, given a suspended sentence, or forfeited bail, and <u>regardless</u> of any subsequent court dismissal or expungement. You must also report any **pending** criminal court cases. (Do not include minor traffic violations such parking or speeding.)

I have a conviction or pending criminal court case to report and hereby request Form 6087. ☐ **YES** ☐ **NO**

11. DECLARATION: I declare under penalty of perjury that all information I have provided on this form is true and correct.

_____ Signature _____ Date

Address _____ Street _____ City, State _____ Zip Code _____ Area Telephone Number

HUMAN RESOURCES USE ONLY

	Document/Notes	**Date and Initials**
Employment Authorization verified (I-9)		
HR-Employee Relations approval needed if item 10 is Yes		

Pers ID/Emp No.

LAUSD/HR Form 8203 10/2012

LOS ANGELES UNIFIED SCHOOL DISTRICT

OATH OF ALLEGIANCE

(Required by Article XX Section 3 of the Constitution of the State of California)

"I, (Print Name) _____ ,
First Middle Last

do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

And I do further swear (or affirm) that I do not advocate, nor am I a member of any party or organization, political or otherwise, that now advocates the overthrow of the Government of the United States or the State of California by force or violence or other unlawful means; that within the five years immediately preceding the taking of this oath (or affirmation) I have not been a member of any party or organization, political or otherwise, that advocated the overthrow of the Government of the United States or of the state of California by force or violence or other unlawful means except as follows:

_____

(If no affiliations, write in the words "**No Exceptions**")

and that during such time as I hold the office of **Employment with the Los Angeles Unified School District** I will not advocate nor become a member of any party or organization, political or otherwise, that advocates the overthrow of the Government of the United States or of the State of California by force or violence or other unlawful means."

Executed this _____ day of _____, 20_____,

at _____ , California
City

Signature: _____

Home Address: _____
Number and Street

_____
City State Zip Code

ATTACHMENT D

LOS ANGELES UNIFIED SCHOOL DISTRICT

EMPLOYEE ACKNOWLEDGEMENT OF SUSPECTED CHILD ABUSE REPORTING DISTRICT POLICY AND LEGAL REQUIREMENTS

1. I have been fully informed of my individual responsibility to report suspected child abuse as specified by District policy and state law.

2. I have received training on suspected child abuse reporting laws, child abuse reporting procedures, and my duties as a mandated reporter.

3. I understand that reporting suspected child abuse is my individual responsibility and that my failure to comply with child abuse reporting laws and/or LAUSD child abuse reporting procedures may subject me to professional liability, which may include discipline, demotion, dismissal, and the possible suspension or revocation of credentials, and criminal and/or civil liability.

4. I understand that, if I reasonably suspect that conduct by another LAUSD employee, other school related adult, or a student to another student may be an indication of suspected child abuse, I must report the suspected child abuse to an appropriate child protective agency ***and*** I must inform my supervising administrator of the alleged inappropriate conduct.

5. I have been provided with a copy of the *Child Abuse Reporting Information Sheet (*Attachment B of District policy bulletin No. BUL-1347.2, *"Child Abuse and Neglect Reporting Requirements")* which summarizes my suspected child abuse reporting responsibilities as a LAUSD employee.

6. I further understand that if, at any time during the course of my employment with LAUSD, I make a report of suspected child abuse consistent with District suspected child abuse reporting policy and procedures, I will be defended by the District against any actions or claims that may be made as a result of the report and that the District will pay all expenses associated with such defense.

I hereby certify that I have knowledge of the suspected child abuse reporting legal mandates, LAUSD child abuse reporting procedures, and that I will comply with them.

Name: _____ Signature: _____
(Please Print)

Employee Number: _____ Position: _____

School / Office Location: _____ Date: _____

A COPY OF THIS CERTIFICATION WILL BE RETAINED BY YOUR SCHOOL OR SITE ADMINISTRATOR

Los Angeles Unified School District
Human Resources Division
Certificated Workforce Management

Bloodborne Pathogens
Certification of Video Viewing

- You have been offered a position where exposure to bloodborne pathogens, such as Hepatitis B virus, Hepatitis C virus and Human Immunodeficiency Virus (HIV) may occur.
- The California Bloodborne Pathogen Standard requires that employees covered by the law receive an initial and annual training. You are going to be asked to view a video about bloodborne pathogens in order for you to be prepared should you need to deal with blood exposure.
- The risk of being infected at a school is very low, but has resulted in infection when contaminated blood has had contact with broken skin, eyes, nose or the mouth.
- The Cal-OSHA Bloodborne Pathogen Standard requires employers to offer the Hepatitis B vaccination series to all employees who are determined to be occupationally at risk of exposure to blood or potentially infectious materials during the performance of their job duties. Many employees choose to begin the series of Hepatitis B vaccinations with their own physicians.
- Employees who have completed the series of Hepatitis B vaccinations must provide proof of immunization to the Health Office when submitting their physical and TB requirements.

I acknowledge that I have viewed the "Bloodborne Pathogens" training video.

NAME:_____ DATE VIEWED: _____

SIGNATURE: _____ SSN#: __ __ __-__ __- __ __ __ __

EMPLOYEE # (if applicable): __ __ __ __ __ __ __ __

----------**HEALTH OFFICE** ----------

HEPATITIS B VACCINE/DECLINATION

Verified by: _____ Verification Date: _____

(printed name and initials)

Click on this link to view the Bloodborne Pathogens Training Video:
http://www.lausd.net/cdg/Bloodborne/story_html5.html

BMJ 7/15/2020

Los Angeles Unified School District
Human Resources Division
Certificated Workforce Management

Child Abuse Awareness Training (CAAT)
Certification of Video Viewing

I, the undersigned, hereby acknowledge that I have viewed the "Child Abuse Awareness Training" video so that I may be made aware of my obligations as a mandated reporter of child abuse as a condition of employment with the Los Angeles Unified School District.

I further acknowledge that once my employment with the District has commenced, I will be required to login to MyPLN (achieve.lausd.net/mypln) to view the video again through the MyPLN platform and complete the associated assessment to verify that I understand my obligations as a mandated reporter of child abuse. I understand that I will be auto-enrolled in the myPLN course after my Single-Sign-On is active. I will be required to complete this training within 30 days of registration, and once per academic year during my employment with LAUSD.

NAME: _____ DATE: _____

SIGNATURE: _____ SSN: XXX-XX- __ __ __ __

LOS ANGELES UNIFIED SCHOOL DISTRICT

EMPLOYEE HEALTH SERVICES – TB COMPLIANCE PROGRAM

Name: _____ **Date of Birth:** _____

Job Title: _____ **Phone No:** _____

Social Security No: _____ **Employee No:** _____ **Email Address:** _____

TUBERCULOSIS CERTIFICATE OF COMPLETION

To be signed by an MD, DO, Physician Assistant, Nurse Practitioner or Registered Nurse.

The above named patient has submitted to an ***ADULT TUBERCULOSIS RISK ASSESSMENT****.*

☐ The patient does not have TB Risk factors.

☐ The patient has TB risk factors, but had a negative skin or blood test on _____ (date).

☐ The patient has been examined, had a chest X-Ray on _____ (date) and is determined to be free of infectious tuberculosis.

Health Care Provider Signature (MD, DO, PA, NP, RN)		Date
Print Health Care Provider's Name	Title	License No.
Address:	City	Zip Code
Telephone	Fax	

RETURN ORIGINAL COMPLETED FORM TO:
Los Angeles Unified School District
Employee Health Services – TB Compliance Program
333 S. Beaudry Avenue, 14-110, Los Angeles, CA 90017
Phone: (213) 241-6326 Fax: (213) 241-8918
E-mail: employeehealth@lausd.net

MEDICAL FACILITY STAMP:

DO NOT SUBMIT THE ADULT TB RISK ASSESSMENT QUESTIONAIRE TO LAUSD.

Adapted from the CDPH/CTCA Adult Tuberculosis (TB) Risk Assessment Questionnaire Certificate of Completion, TCB-01 (12/14)

Refer to *http:publichealth.lacounty.gov/TB* for more Information.

Adult Tuberculosis (TB) Risk Assessment Questionnaire[1]

(To satisfy California Education Code Section 49406 and Health and Safety Code Sections 121525-121555)

To be administered by a licensed health care provider (physician, physician assistant, nurse practitioner, registered nurse)

Name: _____ Date of Risk Assessment: _____

Date of Birth: _____

History of positive TB test or TB disease Yes ☐ No ☐

If yes, a symptom review and chest x-ray (if none performed in previous 6 months) should be performed at initial hire.*
If no, continue with questions below.

If there is a "Yes" response to any of the questions 1-5 below, then a tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA) should be performed. A positive test should be followed by a chest x-ray, and if normal, treatment for TB infection considered.

Risk Factors	
1. One or more signs and symptoms of TB (prolonged cough, coughing up blood, fever, night sweats, weight loss, excessive fatigue) Note: A chest x-ray and/or sputum examination may be necessary to rule out infectious TB.[2]	Yes ☐ No ☐
2. Close contact with someone with infectious TB disease	Yes ☐ No ☐
3. Birth in high TB-prevalence country** (**Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.)	Yes ☐ No ☐
4. Travel to high TB-prevalence country** for more than 1 month (**Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.)	Yes ☐ No ☐
5. Current or former residence or work in a correctional facility, long-term care facility, hospital, or homeless shelter	Yes ☐ No ☐

**Once a person has a documented positive test for TB infection that has been followed by an x-ray that was deemed free of infectious TB, the TB risk assessment is no longer required.*

[1] Adapted from a form developed by Minnesota Department of Health TB Prevention and Control Program and Centers for Disease Control and Prevention.

[2] Centers for Disease Control and Prevention (CDC). *Latent Tuberculosis Infection: A Guide for Primary Health Care Providers*. 2013. (http://www.cdc.gov/tb/publications/LTBI/default.htm)

LOS ANGELES UNIFIED SCHOOL DISTRICT
HUMAN RESOURCES DIVISION – EMPLOYEE HEALTH SERVICES
Tuberculosis Compliance Program
333 S. Beaudry Ave., 14th Floor, Los Angeles, CA 90017
Phone: (213) 241-6326 Fax: (213) 241-8918 E-mail: employeehealth@lausd.net

Tuberculosis Test Results

Effective January 1, 2015, an Adult TB Risk Assessment will be the primary method used as proof of freedom from tuberculosis for applicants and employees. For individuals who still wish to submit current results from Tuberculin Skin (PPD) or Blood (IGRA) Tests, this form may be used. A chest X-Ray is acceptable only if the PPD or blood test is, or has ever been, positive.

IMPORTANT NOTES — READ CAREFULLY:

1. Use the result form below. If you submit a different result form, it must include your employee number and all information required below for the specific test.
2. **We will not accept incomplete/invalid documentation. Make sure your documentation has the required information to include your name and employee number or social security number.**
3. Only current employees may submit evidence of a negative skin test or chest X-Ray for TB performed within the last three years.
4. Tests shall not be performed on work time. Use illness time as you would for any medical appointment.

SUBMIT RESULTS VIA:

Fax or e-mail: Fax: (213) 241-8918 E-mail: employeehealth@lausd.net

In person: LAUSD; Employee Health Services – TB Compliance Program;
333 S. Beaudry Avenue, 14-110
Los Angeles, CA 90017

U.S. Mail: LAUSD; Employee Health Services; TB Compliance;
P.O. Box 513307-1307: Los Angeles, CA 90051

Employee #: _____	**Name:** _____	**Phone:** _____
MANTOUX SKIN TEST **(Tine skin test unacceptable.)** Test Date: _____/_____/_____ Placed by _____ Date Read _____/_____/_____ Read By _____ **RESULT (REQUIRED)** Induration _____ Millimeters (>9mm is positive) **MEDICAL OFFICE STAMP (REQUIRED):** **Name** _____ **Address** _____ _____ **Phone:** _____	**QUANTIFERON/ IGRA** Collection Date _____/_____/_____ By _____ **RESULT (REQUIRED)** Interpretation _____ **MEDICAL OFFICE STAMP (REQUIRED):** **Name** _____ **Address** _____ _____ **Phone** _____	**CHEST X-RAY** Date X-ray Taken _____/_____/_____ Impression (Not Prelim.)_____ _____ **MD or DO ONLY** MD or DO Name _____ MD or DO License # _____ MD or DO Signature _____ **MEDICAL OFFICE STAMP (REQUIRED):** **Name** _____ **Address** _____ _____ **Phone** _____

To confirm if your form has been received, please e-mail **employeehealth@lausd.net**, Subject: TB Notice/ (your employee #).

*****Keep a copy for your records*****

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

►START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)*

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Other Last Names Used *(if any)*

Address *(Street Number and Name)*	Apt. Number	City or Town	State	ZIP Code

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	Employee's E-mail Address	Employee's Telephone Number
	☐☐☐ - ☐☐ - ☐☐☐☐		

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States *(See instructions)*

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
Some aliens may write "N/A" in the expiration date field. *(See instructions)*

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

OR

3. Foreign Passport Number: _____

Country of Issuance: _____

QR Code - Section 1
Do Not Write In This Space

Signature of Employee	Today's Date *(mm/dd/yyyy)*

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator	Today's Date *(mm/dd/yyyy)*

Last Name *(Family Name)*	First Name *(Given Name)*

Address *(Street Number and Name)*	City or Town	State	ZIP Code

STOP *Employer Completes Next Page* STOP

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name *(Family Name)*	First Name *(Given Name)*	M.I.	Citizenship/Immigration Status

List A Identity and Employment Authorization	**OR**	**List B** Identity	**AND**	**List C** Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date *(if any) (mm/dd/yyyy)*		Expiration Date *(if any) (mm/dd/yyyy)*		Expiration Date *(if any) (mm/dd/yyyy)*
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any) (mm/dd/yyyy)*				
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any) (mm/dd/yyyy)*				

Additional Information

QR Code - Sections 2 & 3
Do Not Write In This Space

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment *(mm/dd/yyyy)*: _____ ***(See instructions for exemptions)***

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative

Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name

Employer's Business or Organization Address (*Street Number and Name*)	City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name *(if applicable)*			**B.** Date of Rehire *(if applicable)*
Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Date *(mm/dd/yyyy)*

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date *(if any) (mm/dd/yyyy)*

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Name of Employer or Authorized Representative

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record		**5.** U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		**10.** School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Form **W-4**
(Rev. December 2020)
Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

OMB No. 1545-0074

2021

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	**(b) Social security number**
Address		▶ **Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.
City or town, state, and ZIP code		

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying widow(er)**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at *www.irs.gov/W4App*, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶ ☐

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 ▶ $ _____

Multiply the number of other dependents by $500 . . . . ▶ $ _____

Add the amounts above and enter the total here . . . . . **3** $

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** $

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . **4(c)** $

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ _____ **Employee's signature** (This form is not valid unless you sign it.)

▶ _____ **Date**

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)

Employment Development Department
State of California

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Complete this form so that your employer can withhold the correct California state income tax from your paycheck.

Enter Personal Information	
First, Middle, Last Name	Social Security Number
Address City, State, and ZIP Code	Filing Status SINGLE or MARRIED (with two or more incomes) MARRIED (one income) HEAD OF HOUSEHOLD

1. Use Worksheet A for Regular Withholding allowances. Use other worksheets on the following pages as applicable.
   - 1a. Number of Regular Withholding Allowances (Worksheet A) _____
   - 1b. Number of allowances from the Estimated Deductions (Worksheet B, if applicable.) _____
   - 1c. Total Number of Allowances you are claiming _____
2. Additional amount, if any, you want withheld each pay period (if employer agrees), **(Worksheet C)**

OR

Exemption from Withholding

3. I claim exemption from withholding for 2021, and I certify I meet both of the conditions for exemption. (Check box here)

OR

4. I certify under penalty of perjury that I am **not subject** to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018. (Check box here)

Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

Employee's Signature _____ Date

Employer's Section: Employer's Name and Address	California Employer Payroll Tax Account Number

PURPOSE: This certificate, DE 4, is for **California Personal Income Tax (PIT) withholding** purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

Beginning January 1, 2020, *Employee's Withholding Allowance Certificate* (Form W-4) from the Internal Revenue Service (IRS) will be used for federal income tax withholding **only**. You must file the state form *Employee's Withholding Allowance Certificate* (DE 4) to determine the appropriate California Personal Income Tax (PIT) withholding.

If you do not provide your employer with a withholding certificate, the employer must use Single with Zero withholding allowance.

CHECK YOUR WITHHOLDING: After your DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form.

EXEMPTION FROM WITHHOLDING: If you wish to claim exempt, complete the federal Form W-4 and the state DE 4. You may claim exempt from withholding California income tax if you meet both of the following conditions for exemption:

1. You did not owe any federal/state income tax last year, and
2. You do not expect to owe any federal/state income tax this year. The exemption is good for one year.

If you continue to qualify for the exempt filing status, a new DE 4 designating EXEMPT must be submitted by February 15 each year to continue your exemption. If you are not having federal/state income tax withheld this year but expect to have a tax liability next year, you are required to give your employer a new DE 4 by December 1.

Member Service Civil Relief Act: Under this act, as provided by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018, you may be exempt from California income tax withholding on your wages if

(i) your spouse is a member of the armed forces present in California in compliance with military orders;

(ii) you are present in California solely to be with your spouse; and

(iii) you maintain your domicile in another state.

If you claim exemption under **this** act, **check the box on Line 4**. You may be required to provide proof of exemption upon request.

LOS ANGELES UNIFIED SCHOOL DISTRICT
WARRANT(S) RECIPIENT DESIGNATION

EMPLOYEE NUMBER	EMPLOYEE'S PAYROLL NAME	SOCIAL SECURITY NUMBER

Under the provisions of Section 53245 of the California Government Code (see below), in the event of my death I hereby designate the following named person to be entitled to receive all warrants payable to me by the Los Angeles Unified School District, had I survived.

Designee's Name in Full	Relationship

Designee's Address (Number, Street, State, and Zip Code)

This designation cancels and replaces any, previously signed by me for this purpose and shall remain in effect until cancelled in writing, by me.

It is expressly understood and agreed that the Los Angeles Unified School District is not obligated to deliver said warrants to the person designated hereinabove unless said designated person, within two years after the date of said warrant or warrants, claims said warrants from the Los Angeles Unified School District and provides Los Angeles Unified School District sufficient proof of identity pursuant to the provisions of Section 53245 of the California Government Code.

Date	Signature

GOVERNMENT CODE, STATE OF CALIFORNIA: Section 53245

"Any person now or hereafter employed by a county, city, municipal corporation, district, or other public agency may file with his appointing power a designation of a person who, notwithstanding any other provision of law, shall, on the death of the employee, be entitled to receive all warrants or checks that would have been payable to the decedent had he survived. The employee may change the designation from time to time. A person so designated shall claim such warrants or checks from the appointing power. On sufficient proof of identity, the appointing power shall deliver the warrants or checks to the claimant. A person who receives a warrant or check pursuant to this section is entitled to negotiate it as if he were the payee."

Los Angeles Unified School District
Payroll Administration

RETIREMENT CONTRIBUTION INFORMATION

PRINTED NAME: _____ _____ _____ **SEX**: M ☐ F ☐
Last First Middle

Birthdate: _____ **SSN**: _____
(MM/DD/YYYY)

Address: _____

City: _____ **State**: _____ **Zip**: _____

Telephone Number: ( ) _____

PREVIOUS EMPLOYMENT WITH ANY CALIFORNIA PUBLIC AGENCY: I am currently employed or have had previous employment with a Public Agency. Yes ☐ No ☐

_____ _____ _____
Agency Name Job Title Approximate Dates

PREVIOUS LOS ANGELES UNIFIED SCHOOL DISTRICT EMPLOYMENT: I am currently employed or have previously been employed by the LAUSD in some capacity, and have been issued an employee number. YES ☐ No ☐

_____ _____ _____
Job Title Approximate Dates Employee Number

RETIREMENT SYSTEMS INFORMATION:

A. Please check all box(s) below that apply if you are retired and are receiving a retirement allowance. If your retirement system is not listed and you are receiving a retirement allowance, please check other and indicate the retirement system name:

☐ State Teachers' Retirement System (STRS) ☐ Public Employees' Retirement System (PERS)

☐ Other: _____

B. If you are **not** retired but are a member of a retirement system, check the appropriate box(es). If the retirement system is not listed, please check the last box and indicate the retirement system name you are a member of:

☐ I am currently enrolled in STRS, or have funds on deposit with STRS.
☐ I am currently enrolled in PERS, or have funds on deposit with PERS.
☐ I am currently enrolled in _____, or have funds on deposit with _____.

C. I understand that if I am currently receiving a retirement allowance from PERS and/or STRS and I am accepting full time employment, it is my responsibility to rescind my retirement with PERS and/or STRS.

_____ _____
Signature Date

PLEASE NOTE:

- **The above information is required to be in compliance with Assembly Bill 340 - California Public Employees' Pension Reform Act (PEPRA)**
- **Completed form must be submitted to Retirement Unit, Payroll Administration, 27th Floor Beaudry Bldg**

Attn: Charlotte Daniels Retire Form (12/2012)

PROFESSIONAL EXPERT (TCA) ONLINE REQUIREMENTS

Applicants are **required** to do the following online to complete their processing:

- https://teachinla.co/fpappt (click on this link if you wish to print in Beaudry offices) OR use the link if you wish to print in off-site third party locations. Please indicate K12 teacher/Sub on the request

- **Fingerprint Clearance**
  Please go to WWW.APPLICANTSERVICES.COM/LAUCRE to request an appointment and complete your profile. You may fingerprint at any station offered on this site. Locations may charge a nominal fee for this service.
  Please see this document for a quick-reference guide on navigating the fingerprint site. When asked for your work site or location, you can write in "LAUSD".

- **TB Clearance (TB FOR PROF EXPERTS)**
  Medical and TB clearance (click for documents) must be completed by a health care provider (please see forms for details). These items may be able to be completed via a telehealth appointment with your provider. These forms, along with your certification of Bloodborne Pathogens training must be submitted to Employee Health Services via email at employeehealth@lausd.net