Los Angeles Unified School District APPLICATION FOR ASSIGNMENT AS COMMUNITY REPRESENTATIVE

nderstand that recent chan puire employers to verify a is requirement applies to a ablish both my identity a ense and Social Security or CONVICTIONS: I unde (2) fined, or (3) placed of any subsequent court full explanation, include violations such as faulty PENDING COURT CA Form 6087. I request a copy of Form anderstand that, before I me estate of California. This funcation Code Section 4946 cordance with Education derstand that this is at my	and attest to the an all applicants. At the demoloyment and emoloyment and emoloyment and emoloyment and emoloyment and emoloyment and emoloyment of the emoloyment of dismissed ling dates, places equipment, parking the emoloyment of the emoloymen	uthorization of the time of hiri uthorization. For cate or passport we ever been (I my violation of all or expungments, charges and mg, hand signals to convictions,	all new em ng, I must s or example, t. i) convicted the law, eit nt, I must at disposition s or speedin I must also	ployees to work ubmit certain do I may be asked or pled nolo conher a misdemeantach a statement of all cases. (g.)	in the position orient cumentation in order to present my driver intendere (no contest), nor or felony, regardle on Form 6087, giving (Do not include traff	
(2) fined, or (3) placed of any subsequent court full explanation, include violations such as faulty PENDING COURT CA Form 6087. I request a copy of Form the State of California. This blueation Code Section 4944 cordance with Education 6	on probation for a action of dismissaling dates, places equipment, parkin SES: In addition to 6087. Yes as be assigned to sincludes a test	ny violation of al or expungme s, charges and ng, hand signals to convictions,	the law, eit nt, I must at disposition s or speedin I must also	ther a misdemean trach a statement of all cases. (g.)	on Form 6087, giving	
Form 6087. I request a copy of Form inderstand that, before I me e State of California. Thi lucation Code Section 494/ cordance with Education	6087. Yes assigned to]No		list any pending	criminal court cases	
e State of California. Thi lucation Code Section 4946 cordance with Education	ay be assigned to]No				
e State of California. Thi lucation Code Section 4946 cordance with Education	ay be assigned to	- 10 Maria - 10 - 12 - 12 - 12 - 12 - 12 - 12 - 12	Verified b	y:	Date:	
inderstand that prior to e	Code Section 448 own personal experiment, each	n from a licens 39, to perform ense.	ed physician in the pos	that my health ition for which l	meets state standards, I am applying. I furthed and School District m	
mplete and sign the Oath enstitution of the State of C	of Allegiance re california.	quired of all p	oublic empl	oyees by Section	n 3, Article AA, of	
re under penalty of perjury	that all information	n I have provid	led on this f	10 <u>20</u> 0000000		
Street Address	Ci	ty	State	Zip Code	Telephone Number	
y the above-named person ly included in the duty sta	tements of classif	ied, certificated	ed in Policy I or other u	Guide E-3 and neclassified emplo	will not render services, and I request the	
a	Date of Date	Uarra Day	Total	Reginning	Ending	
(A, C, D, E)	Per Hour	Pay Period	Mary Control of the C		Date	
Signature of Administrato	r	Title		Sch	ool / Office	
n 1/2 0-1-	und / Program Code Telephone		Date			
	mplete and sign the Oath onstitution of the State of Connderstand that prior to empresonal expense. ARATION: re under penalty of perjury ants Signature: Street Address FICATION: the duty state of the duty st	mplete and sign the Oath of Allegiance repositivation of the State of California. Inderstand that prior to employment, each nearsonal expense. ARATION: The under penalty of perjury that all information ants Signature: Street Address City of the Address City of the Address City of	mplete and sign the Oath of Allegiance required of all postitution of the State of California. Inderstand that prior to employment, each new employee marsonal expense. ARATION: The under penalty of perjury that all information I have providents Signature: Street Address City FICATION: The providents of the state of Pay Hours Per Pay Period Class Code (A, C, D, E) California Rate of Pay Hours Per Pay Period	mplete and sign the Oath of Allegiance required of all public employses institution of the State of California. Inderstand that prior to employment, each new employee must submit to a state of the State of Pay Hours Per Hour Pay Period Hours. Class Code (A, C, D, E) Per Hour Pay Period Hours.	ARATION: re under penalty of perjury that all information I have provided on this form is true and cants Signature: Date: Street Address City State Zip Code FICATION: by the above-named person will perform the duties described in Policy Guide E-3 and ly included in the duty statements of classified, certificated or other unclassified emploindividual be employed as a Community Representative. Class Code Rate of Pay Hours Per Total Beginning (A, C, D, E) Per Hour Pay Period Hours Date	

REQUEST FOR PERSONNEL ACTION

ACTION REQUES								
New Position	ľ	Modif	fy (Change,	Position	De	elimit As	signment	(Person)
Continue Cui	rrent Position	n Defur	nd (Close)	Position				
POSITION/TITLE	(Please check	the box to the le	eft of the til	le/position):				
Teacher Assistant Profession			al Expert Coach /			Teacher Advisor		
Education Ai	de 🔲	Student Aide		- Su	pport 9	Services	(Specify Class T	itie Below)
Classified Re	elief	Community F	Rep	- Jo	b Title			
Temporary C	ertificated A	ssignment	-	- Ot	her			
EMPLOYEE / ASS	SIGNMENT	/ FUNDING IN	NFORMA	TION: (Use "	tab" to n	nove to th	e next field)
T			T		T	Person ID		
lame —	(Last	(Last)		(First)	(M	1.1.)		
Seginning Date	E	Ending Date		Job Code		Rai	te	
Differential		Personnel Sub Area		Hours per da	у		tal annual cal hours *	
Calendar Option				ib Group -				
rom Org Unit Name			Т	o Org Unit Name				
comments								
Mandatory for Part-til BUDGET AND PA		ME REPORT	ELECTRONIC CONTRACTOR	e "tab" to move	to the n			
Mandatory for Part-ti BUDGET AND PA ACS Fund	AYROLL / TI	ME REPORT	ING: (Us			ext field) EE Grou	o	
Mandatory for Part-til BUDGET AND PA ACS Fund AUSD Program Nam	AYROLL / TI	ME REPORT	ELECTRONIC CONTRACTOR	e "tab" to move Position ID Nu	ımber	EE Grou	0	
Mandatory for Part-til BUDGET AND PA ACS Fund AUSD Program Nam N PLACE OF:	AYROLL / TI	ME REPORT	ELECTRONIC CONTRACTOR		ımber			
Mandatory for Part-tid BUDGET AND PARACS Fund AUSD Program Name N PLACE OF:	AYROLL / TI	ME REPORT	ELECTRONIC CONTRACTOR		ımber	EE Grou		
Mandatory for Part-til BUDGET AND PARTAGE AND PARTAGE AND Program Name N PLACE OF: REQUESTED BY:	Name	ME REPORT	ELECTRONIC CONTRACTOR		ımber	EE Grou		
Mandatory for Part-til BUDGET AND PA SACS Fund AUSD Program Nam N PLACE OF: REQUESTED BY: Org Unit Name	Name	Function	ELECTRONIC CONTRACTOR	Position ID Nu	ımber	EE Grou		e No.
Mandatory for Part-ting BUDGET AND PA SACS Fund AUSD Program Nam N PLACE OF: REQUESTED BY: Org Unit Name ocal District or Office	Name	Function	ELECTRONIC CONTRACTOR	Position ID Nu	ımber	PERNR g Unit Cod	de	
Mandatory for Part-ting BUDGET AND PA SACS Fund AUSD Program Name N PLACE OF: REQUESTED BY: Org Unit Name Local District or Office Principal / Administration	Name Name Incompany to the state of the st	Function Function or Signature	Date hed to this alling (213)	Print Name Contact Contact	nter / Org	PERNR g Unit Cod	Telephone Telephone are available	e No.
Mandatory for Part-tin BUDGET AND PA ACS Fund AUSD Program Nam N PLACE OF: REQUESTED BY: Org Unit Name ocal District or Office Principal / Administration	Name Name It is a start of the start of th	Function Function or Signature tets must be attacked by called the requested the requ	Date hed to this lalling (213) to the Localess AND	Position ID Nu Fund Cer Print Name Contact request. Teacher 241-6300. cal District Bus	et person	PERNR g Unit Cod not packets and Finance	Telephone Telephone are available	e No.
Mandatory for Part-tin BUDGET AND PA BACS Fund AUSD Program Nam N PLACE OF: REQUESTED BY: Org Unit Name Occal District or Office Principal / Administration	Name Name It is a start of the start of th	Function Function or Signature sets must be attacked requested by completed form DISTRICT BUSIN	Date hed to this halling (213) to the Local Date	Position ID Nu Fund Cer Print Name Contact request. Teacher 241-6300. cal District Bus FINANCE OFF	et person	PERNR g Unit Cod not packets and Finance	Telephone Telephone are available	e No.
f required, appropriate postructional Assistance Schools: P	Name Name It is a start of the start of th	Function Function or Signature sets must be attacked requested by completed form DISTRICT BUSIN	Date hed to this alling (213) to the Loc NESS AND Date RESOURC	Position ID Nu Fund Cer Print Name Contact request. Teacher 241-6300. cal District Bus	et person	PERNR g Unit Cod nt packets nd Finant	Telephone Telephone are available	e No.