



LOS ANGELES UNIFIED SCHOOL DISTRICT
Human Resources Division
Certificated Assignments and Support Services

TEACHER ASSISTANT REDUCTION IN FORCE FORM

_____ Last Name	_____ First	_____ Middle	_____ Person ID/Employee No.	_____ Home Phone
_____ Home Address		_____ City & State	_____ Zip Code	_____ Alternate Phone
_____ Cost Center (7-Digit)		_____ School Site Name		

SECTION I – (To be completed by Administrator per Unit F Collective Bargaining Agreement, Article X (Reduction in Force))

Date Employee Notified: _____

Date Recall Rights Expire: _____

Employees subject to reduction in force have preference for 12 months from date of layoff for future available positions for which they qualified at the school from which their layoff occurred.

_____ Administrator's Name and Title	_____ Date	_____ Administrator Signature
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SECTION II – (To be completed by Employee)

Employee Acknowledgment:

I understand that it is my responsibility to keep my current mailing address and telephone number on file at the school. I also understand that my recall rights cease on the date specified above; my recall rights also cease if I fail to respond immediately to a written offer to my address of record or if I decline a recall offer.

Employee Signature

Date

Email Subject: Employee Name – Teacher Assistant RIF
Submit to: TeacherAssistantAssignments@lausd.net
CC to: Benefits@lausd.net