Documents for Teacher Assistant On Boarding

This guide was created to streamline the teacher assistant on boarding procedure. These are the documents needed by the candidate **prior** to the om boarding appointment at the Beaudry building. Additional documents maybe requested by HR staff on a case-by-case basis. Please note that each document is color-coded to designate who is responsible for completing the section. Each highlighted area must be filled out completely and as accurately as possible to process the candidate.

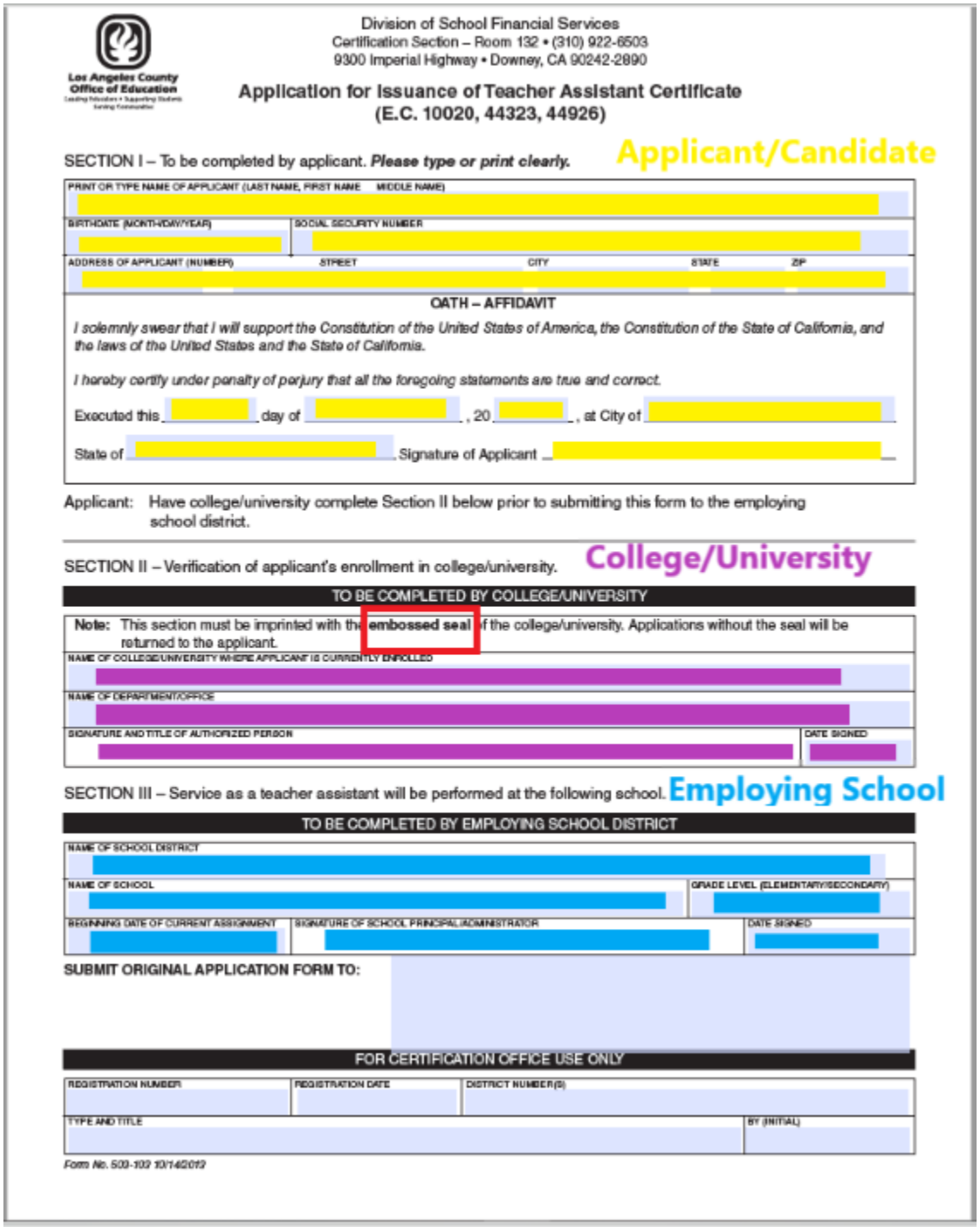
In addition to these documents, it is suggested that candidates have the Onboarding Packet completed and printed (single sided) prior to the processing appointment as it will dramatically decrease waiting times. All that is asked is that they **DO NOT** sign and date any of the documents until the day of the appointment.

Direct links to the documents have been made available by clicking the headings of the pages.

If you have any questions or concerns, feel free to contact Teacher Assistant On Boarding at (213) 241-4980 or via email at teacherassistant@lausd.net.

- ❑ Application of Issuance of Teacher Assistant Certificate
- ❑ Request for Personnel Action (RPA)
- ❑ NCLB Documents (Proof of Qualifications)
- ❑ Nepotism Certification Form
- ❑ I-9 Documents
- ❑ Tuberculosis Certificate of Completion
- ❑ SB Immunization Clearance (only is working with children under 5 years old in eTK/TK or pre-school)

Application for Issuance of Teacher Assistant Certificate



Los Angeles County Office of Education

Division of School Financial Services
Certification Section – Room 132 • (310) 922-6503
9300 Imperial Highway • Downey, CA 90242-2890

Application for Issuance of Teacher Assistant Certificate
(E.C. 10020, 44323, 44926)

SECTION I – To be completed by applicant. ***Please type or print clearly.*** Applicant/Candidate

PRINT OR TYPE NAME OF APPLICANT (LAST NAME, FIRST NAME MIDDLE NAME)

BIRTHDATE (MONTH/DAY/YEAR) | SOCIAL SECURITY NUMBER

ADDRESS OF APPLICANT (NUMBER) STREET CITY STATE ZIP

OATH – AFFIDAVIT

I solemnly swear that I will support the Constitution of the United States of America, the Constitution of the State of California, and the laws of the United States and the State of California.

I hereby certify under penalty of perjury that all the foregoing statements are true and correct.

Executed this _____ day of _____, 20 _____, at City of _____

State of _____. Signature of Applicant _____

Applicant: Have college/university complete Section II below prior to submitting this form to the employing school district.

SECTION II – Verification of applicant's enrollment in college/university. College/University

TO BE COMPLETED BY COLLEGE/UNIVERSITY

Note: This section must be imprinted with the **embossed seal** of the college/university. Applications without the seal will be returned to the applicant.

NAME OF COLLEGE/UNIVERSITY WHERE APPLICANT IS CURRENTLY ENROLLED

NAME OF DEPARTMENT/OFFICE

SIGNATURE AND TITLE OF AUTHORIZED PERSON | DATE SIGNED

SECTION III – Service as a teacher assistant will be performed at the following school. Employing School

TO BE COMPLETED BY EMPLOYING SCHOOL DISTRICT

NAME OF SCHOOL DISTRICT

NAME OF SCHOOL | GRADE LEVEL (ELEMENTARY/SECONDARY)

BEGINNING DATE OF CURRENT ASSIGNMENT | SIGNATURE OF SCHOOL PRINCIPAL/ADMINISTRATOR | DATE SIGNED

SUBMIT ORIGINAL APPLICATION FORM TO:

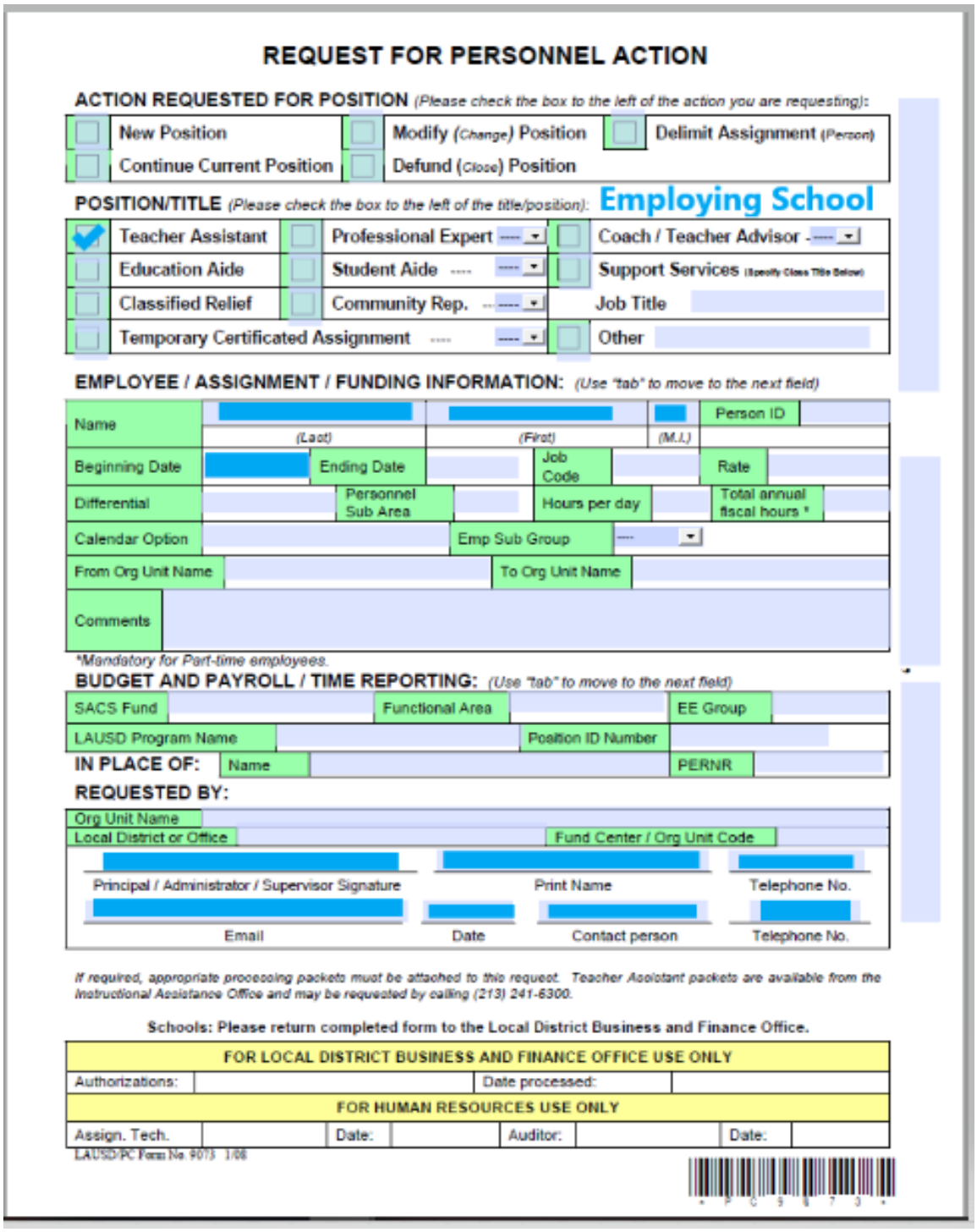
FOR CERTIFICATION OFFICE USE ONLY

REGISTRATION NUMBER | REGISTRATION DATE | DISTRICT NUMBER (S)

TYPE AND TITLE | BY (INITIAL)

Form No. 503-102 10/14/2012

Request for Personnel Action



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):* **Employing School**

☑ 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	*(Last)*	*(First)*	*(M.I.)*	Person ID		
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			
Local District 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 Local District Business and Finance Office.

FOR LOCAL DISTRICT BUSINESS AND FINANCE OFFICE USE ONLY					
Authorizations:		Date processed:			
FOR HUMAN RESOURCES USE ONLY					
Assign. Tech.		Date:		Auditor:	Date:

LAUSD/PC Form No. 9073 1/08

NCLB Documents

NCLB documents provide verification of the candidate/applicant meeting the requirements to be employed as a Teacher Assistant. The table below details the test(s) that need to be taken for each qualification. Candidates with a BA degree or higher from a US accredited institution **DO NOT** need to take either of the tests as the degree meets the both requirements.

Proof of Qualification	District Proficiency Exam Requirement	Instructional Assistance Test Requirement
HS Diploma/Official High School Transcripts	X	X
HS Diploma & CBEST		X
AA or 48 Semester/72 Quarter Units Completed	X	
Baccalaureate Degree or Higher		

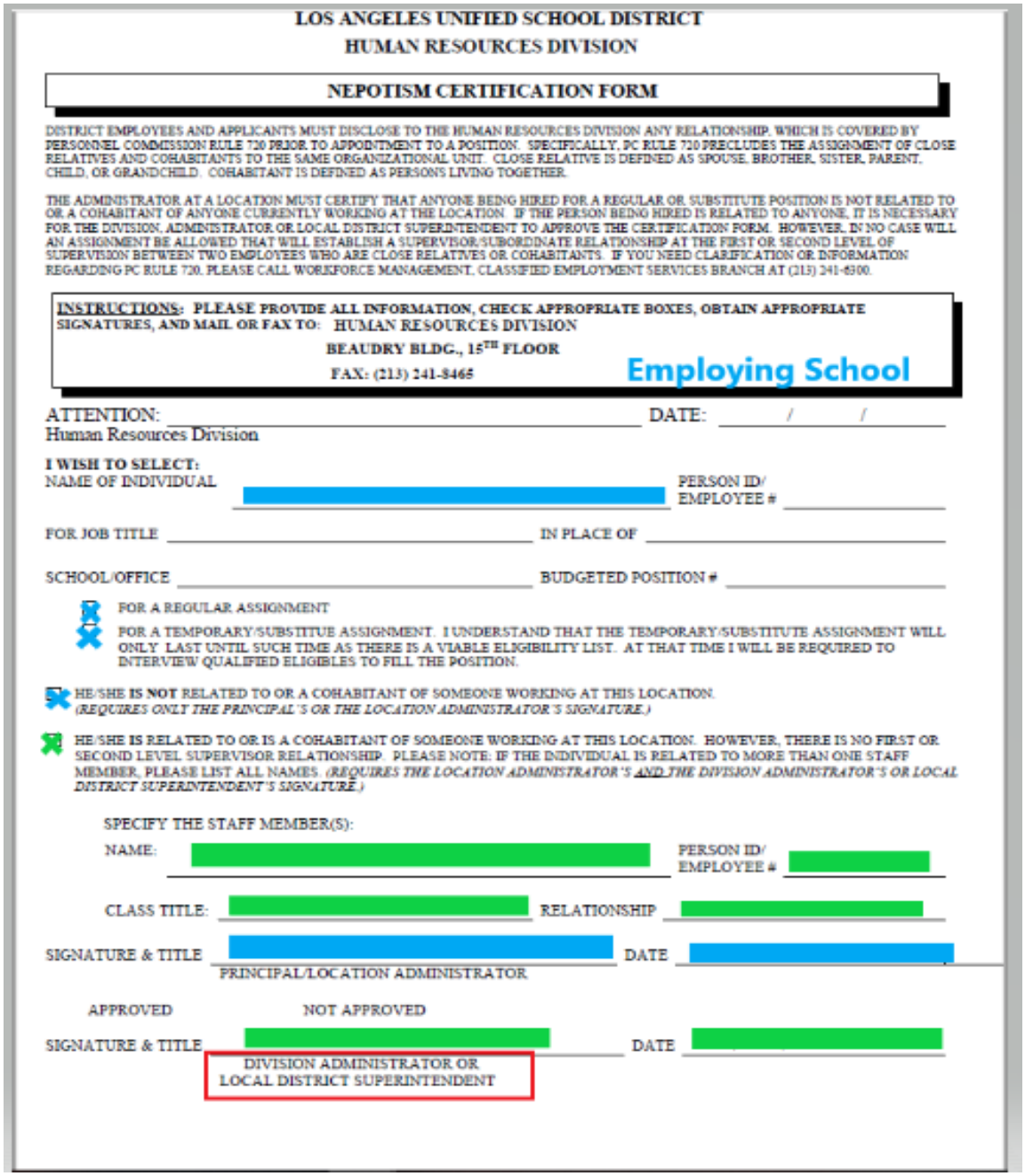
Each qualification must be accompanied with proof that the requirement has been met. Proof comes in the form of the following:

- H.S. Diploma or Official H.S. Transcripts*
- College/University Diploma or Official Transcripts*
- CBEST Results

It should be noted that the names on NCLB documents must match names on identification documents (I-9 documents) exactly (i.e. dual last names, middle initials, etc.). A middle initial in place of a middle name will suffice so long as the initial matches the first letter of the middle name.

*If names are not matching, official transcripts with a matching the birthdate or social security identifier or legal documents justifying the name change (I.e. marriage license, etc.) will be required.

Nepotism Certification Form



LOS ANGELES UNIFIED SCHOOL DISTRICT
HUMAN RESOURCES DIVISION

NEPOTISM CERTIFICATION FORM

DISTRICT EMPLOYEES AND APPLICANTS MUST DISCLOSE TO THE HUMAN RESOURCES DIVISION ANY RELATIONSHIP, WHICH IS COVERED BY PERSONNEL COMMISSION RULE 720 PRIOR TO APPOINTMENT TO A POSITION. SPECIFICALLY, PC RULE 720 PRECLUDES THE ASSIGNMENT OF CLOSE RELATIVES AND COHABITANTS TO THE SAME ORGANIZATIONAL UNIT. CLOSE RELATIVE IS DEFINED AS SPOUSE, BROTHER, SISTER, PARENT, CHILD, OR GRANDCHILD. COHABITANT IS DEFINED AS PERSONS LIVING TOGETHER.

THE ADMINISTRATOR AT A LOCATION MUST CERTIFY THAT ANYONE BEING HIRED FOR A REGULAR OR SUBSTITUTE POSITION IS NOT RELATED TO OR A COHABITANT OF ANYONE CURRENTLY WORKING AT THE LOCATION. IF THE PERSON BEING HIRED IS RELATED TO ANYONE, IT IS NECESSARY FOR THE DIVISION ADMINISTRATOR OR LOCAL DISTRICT SUPERINTENDENT TO APPROVE THE CERTIFICATION FORM. HOWEVER, IN NO CASE WILL AN ASSIGNMENT BE ALLOWED THAT WILL ESTABLISH A SUPERVISOR/SUBORDINATE RELATIONSHIP AT THE FIRST OR SECOND LEVEL OF SUPERVISION BETWEEN TWO EMPLOYEES WHO ARE CLOSE RELATIVES OR COHABITANTS. IF YOU NEED CLARIFICATION OR INFORMATION REGARDING PC RULE 720, PLEASE CALL WORKFORCE MANAGEMENT, CLASSIFIED EMPLOYMENT SERVICES BRANCH AT (213) 241-6300.

INSTRUCTIONS: PLEASE PROVIDE ALL INFORMATION, CHECK APPROPRIATE BOXES, OBTAIN APPROPRIATE SIGNATURES, AND MAIL OR FAX TO: HUMAN RESOURCES DIVISION
BEAUDRY BLDG., 15TH FLOOR
FAX: (213) 241-8465

Employing School

ATTENTION: _____ DATE: ___/___/___
Human Resources Division

I WISH TO SELECT:
NAME OF INDIVIDUAL _____ PERSON ID/ EMPLOYEE # _____

FOR JOB TITLE _____ IN PLACE OF _____

SCHOOL/OFFICE _____ BUDGETED POSITION # _____

☐ FOR A REGULAR ASSIGNMENT

☒ FOR A TEMPORARY/SUBSTITUTE ASSIGNMENT. I UNDERSTAND THAT THE TEMPORARY/SUBSTITUTE ASSIGNMENT WILL ONLY LAST UNTIL SUCH TIME AS THERE IS A VIABLE ELIGIBILITY LIST. AT THAT TIME I WILL BE REQUIRED TO INTERVIEW QUALIFIED ELIGIBLES TO FILL THE POSITION.

☒ HE/SHE **IS NOT** RELATED TO OR A COHABITANT OF SOMEONE WORKING AT THIS LOCATION.
(REQUIRES ONLY THE PRINCIPAL'S OR THE LOCATION ADMINISTRATOR'S SIGNATURE.)

☒ HE/SHE **IS** RELATED TO OR IS A COHABITANT OF SOMEONE WORKING AT THIS LOCATION. HOWEVER, THERE IS NO FIRST OR SECOND LEVEL SUPERVISOR RELATIONSHIP. PLEASE NOTE: IF THE INDIVIDUAL IS RELATED TO MORE THAN ONE STAFF MEMBER, PLEASE LIST ALL NAMES. *(REQUIRES THE LOCATION ADMINISTRATOR'S AND THE DIVISION ADMINISTRATOR'S OR LOCAL DISTRICT SUPERINTENDENT'S SIGNATURE.)*

SPECIFY THE STAFF MEMBER(S):

NAME: _____ PERSON ID/ EMPLOYEE # _____

CLASS TITLE: _____ RELATIONSHIP _____

SIGNATURE & TITLE _____ DATE _____
PRINCIPAL/LOCATION ADMINISTRATOR

APPROVED NOT APPROVED

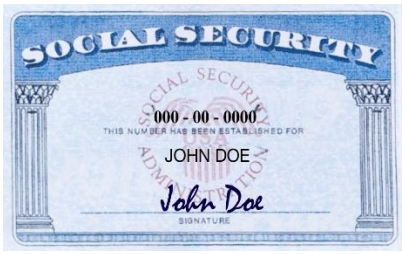
SIGNATURE & TITLE _____ DATE _____
DIVISION ADMINISTRATOR OR
LOCAL DISTRICT SUPERINTENDENT

- If candidate/applicant is related to someone at the school, then school must fill out green highlighted areas on the form

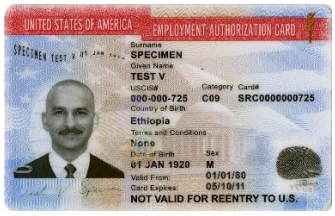
I-9 Documents

- **Government ID/Passport**

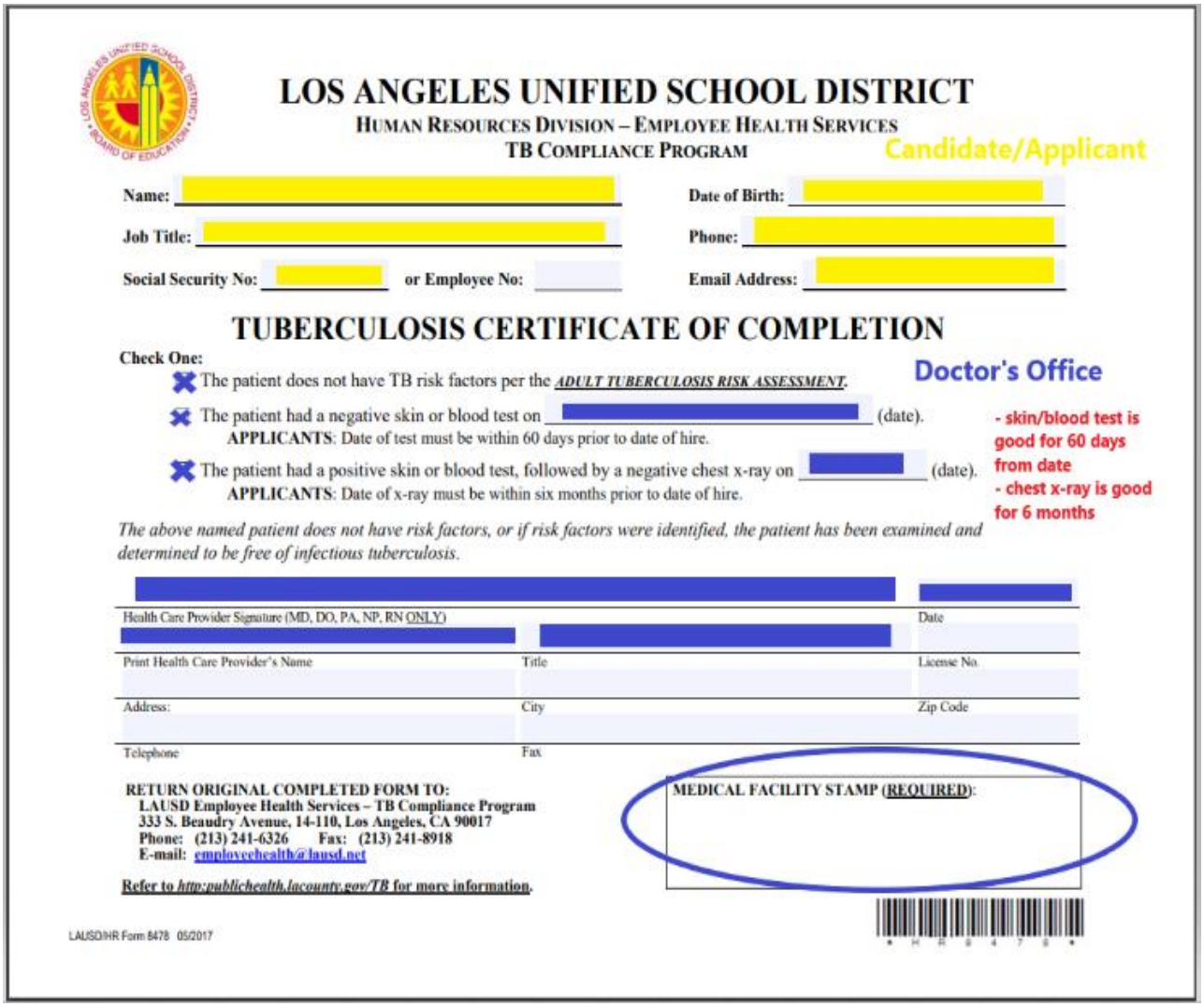
- **Social Security Card**



- **Permanent Resident Card/Work Authorization Card**



Tuberculosis Certificate of Completion



LOS ANGELES UNIFIED SCHOOL DISTRICT

HUMAN RESOURCES DIVISION – EMPLOYEE HEALTH SERVICES
TB COMPLIANCE PROGRAM

Candidate/Applicant

Name: _____ Date of Birth: _____

Job Title: _____ Phone: _____

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

TUBERCULOSIS CERTIFICATE OF COMPLETION

Check One:

Doctor's Office

- ✖ The patient does not have TB risk factors per the ***ADULT TUBERCULOSIS RISK ASSESSMENT***.
- ✖ The patient had a negative skin or blood test on _____ (date).
  APPLICANTS: Date of test must be within 60 days prior to date of hire.
- ✖ The patient had a positive skin or blood test, followed by a negative chest x-ray on _____ (date).
  APPLICANTS: Date of x-ray must be within six months prior to date of hire.

- skin/blood test is good for 60 days from date
- chest x-ray is good for 6 months

The above named patient does not have risk factors, or if risk factors were identified, the patient has been examined and determined to be free of infectious tuberculosis.

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

RETURN ORIGINAL COMPLETED FORM TO:
LAUSD 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

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

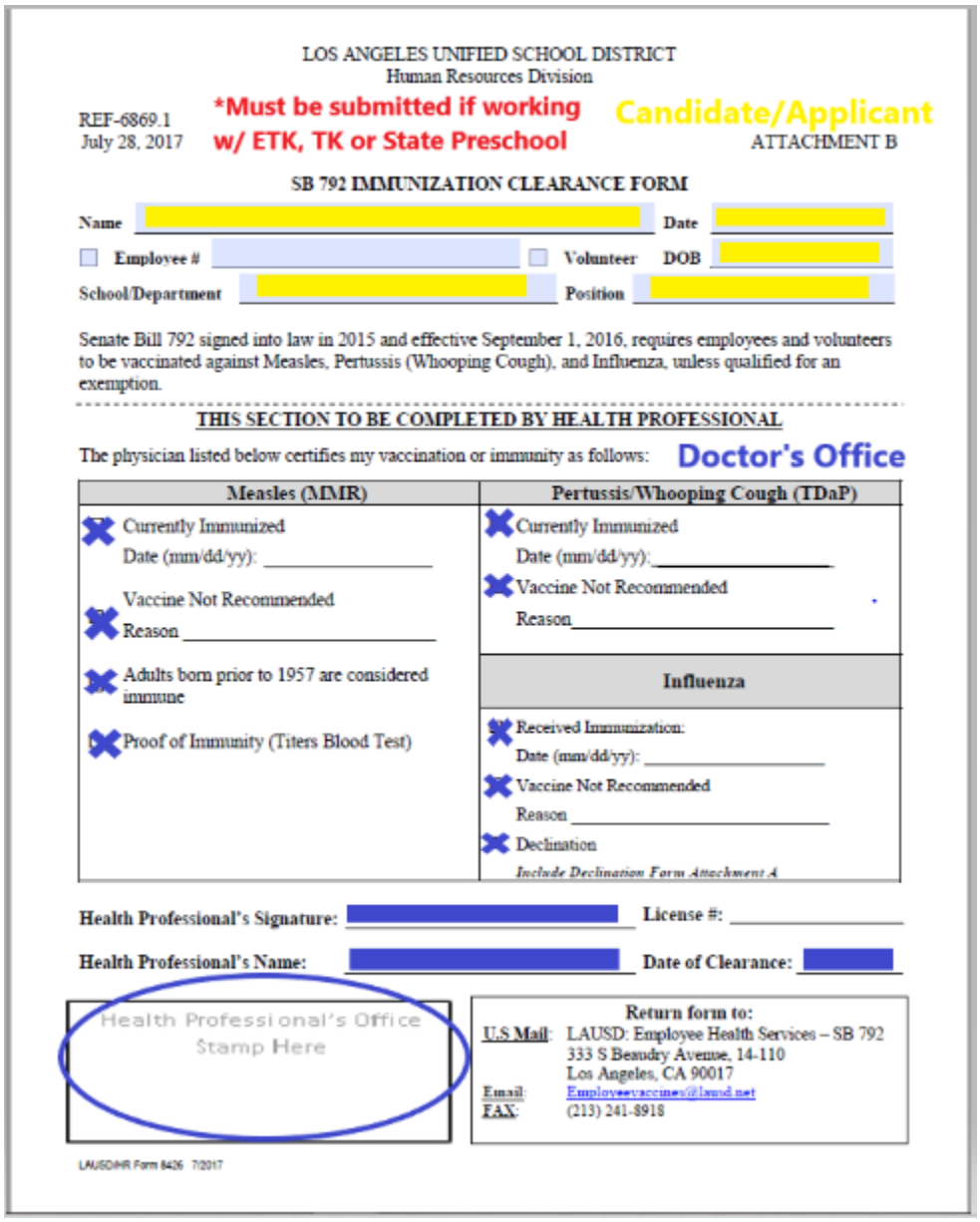
MEDICAL FACILITY STAMP (REQUIRED):

LAUSD/HR Form 8478 05/2017

- The applicant can bring in immunization record in place of Tuberculosis Certificate of Completion so long as the record has the proper dates, signatures, and/or stamps

SB Immunization Clearance Form

(Only required if working with children under 5 years old in eTK/TK and State Pre-school)



LOS ANGELES UNIFIED SCHOOL DISTRICT
Human Resources Division

REF-6869.1
July 28, 2017

*Must be submitted if working w/ ETK, TK or State Preschool

Candidate/Applicant

ATTACHMENT B

SB 792 IMMUNIZATION CLEARANCE FORM

Name _____ Date _____

☐ Employee # _____ ☐ Volunteer DOB _____

School/Department _____ Position _____

Senate Bill 792 signed into law in 2015 and effective September 1, 2016, requires employees and volunteers to be vaccinated against Measles, Pertussis (Whooping Cough), and Influenza, unless qualified for an exemption.

THIS SECTION TO BE COMPLETED BY HEALTH PROFESSIONAL

The physician listed below certifies my vaccination or immunity as follows: Doctor's Office

Measles (MMR)	Pertussis/Whooping Cough (TDaP)
☒ Currently Immunized Date (mm/dd/yy): _____	☒ Currently Immunized Date (mm/dd/yy): _____
☒ Vaccine Not Recommended Reason _____	☒ Vaccine Not Recommended Reason _____
☒ Adults born prior to 1957 are considered immune	**Influenza**
☒ Proof of Immunity (Titers Blood Test)	☒ Received Immunization: Date (mm/dd/yy): _____ ☒ Vaccine Not Recommended Reason _____ ☒ Declination *Include Declination Form Attachment A*

Health Professional's Signature: _____ License #: _____

Health Professional's Name: _____ Date of Clearance: _____

Health Professional's Office Stamp Here

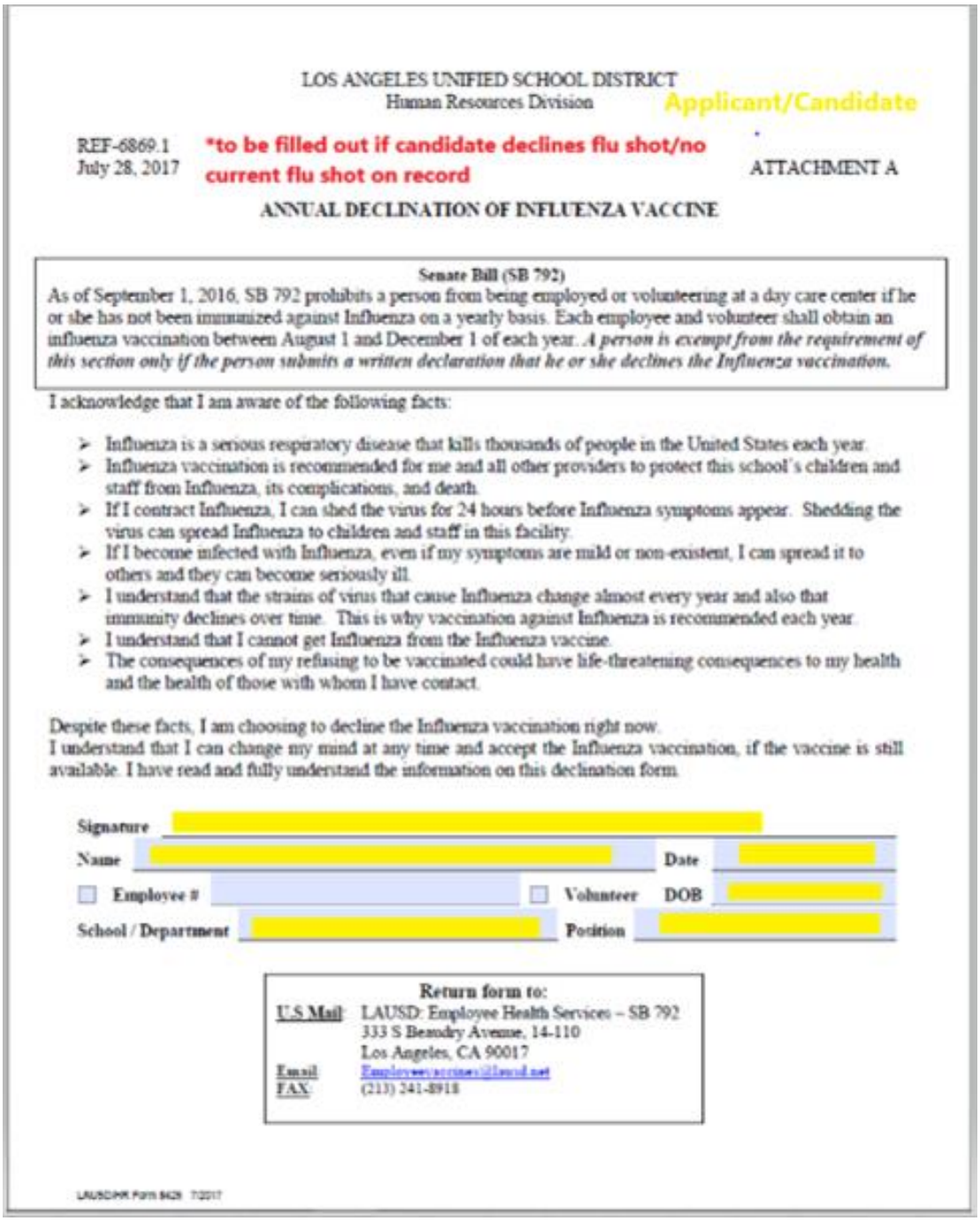
Return form to:
U.S Mail: LAUSD: Employee Health Services – SB 792
333 S Beaudry Avenue, 14-110
Los Angeles, CA 90017
Email: Employeevaccines@lausd.net
FAX: (213) 241-8918

LAUSDHR Form 6426 7/2017

- The applicant can bring in immunization record in place of SB 792 Immunization Clearance Form so long as the record has the proper dates, signatures, and/or stamps
- If the applicant hasn't gotten the flu vaccine, applicant must fill out Influenza Vaccine Declination Form

Influenza Declination Form

(Only required if candidate declines the flu shot or current flu shot is not yet available)



LOS ANGELES UNIFIED SCHOOL DISTRICT
Human Resources Division

Applicant/Candidate

REF-6869.1
July 28, 2017

*to be filled out if candidate declines flu shot/no current flu shot on record

ATTACHMENT A

ANNUAL DECLINATION OF INFLUENZA VACCINE

Senate Bill (SB 792)

As of September 1, 2016, SB 792 prohibits a person from being employed or volunteering at a day care center if he or she has not been immunized against Influenza on a yearly basis. Each employee and volunteer shall obtain an influenza vaccination between August 1 and December 1 of each year. *A person is exempt from the requirement of this section only if the person submits a written declaration that he or she declines the Influenza vaccination.*

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease that kills thousands of people in the United States each year.
- Influenza vaccination is recommended for me and all other providers to protect this school's children and staff from Influenza, its complications, and death.
- If I contract Influenza, I can shed the virus for 24 hours before Influenza symptoms appear. Shedding the virus can spread Influenza to children and staff in this facility.
- If I become infected with Influenza, even if my symptoms are mild or non-existent, I can spread it to others and they can become seriously ill.
- I understand that the strains of virus that cause Influenza change almost every year and also that immunity declines over time. This is why vaccination against Influenza is recommended each year.
- I understand that I cannot get Influenza from the Influenza vaccine.
- The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact.

Despite these facts, I am choosing to decline the Influenza vaccination right now.
I understand that I can change my mind at any time and accept the Influenza vaccination, if the vaccine is still available. I have read and fully understand the information on this declination form.

Signature _____

Name _____ **Date** _____

☐ **Employee #** _____ ☐ **Volunteer** **DOB** _____

School / Department _____ **Position** _____

Return form to:

U.S. Mail: LAUSD: Employee Health Services – SB 792
333 S Beaudry Avenue, 14-110
Los Angeles, CA 90017

Email: Employeevaccines@lausd.net

FAX: (213) 241-8918

LAUSD/HR Form 6629 7/2017