LOS ANGELES UNIFIED SCHOOL DISTRICT
HUMAN RESOURCES DIVISION

REQUEST FOR AUXILIARY TEACHERS

TO: Regional Superintendent DATE: _____

FROM: _____ _____
Principal School

SUBJECT: **ASSIGNMENT OF AUXILIARY TEACHERS**

It is requested that the following teacher(s) be assigned the extra teaching periods indicated to fill Position Control Number _____ effective_____

Name	Employee Number	Auxiliary Period	Subject/Course (e.g., math,science)	Auxiliary Start Date	Auxiliary End Date
1.					
2.					
3.					
4.					
5.					
6.					

STATEMENT TO BE SIGNED BY EACH AUXILIARY TEACHER:

In accepting an auxiliary teaching position, I understand that I must be authorized to teach the auxiliary subject, fulfill all regular duties, and serve the conference period either before or after school, and that this auxiliary period may be terminated at any time during the semester.

1. _____ Date _____
2. _____ Date _____
3. _____ Date _____
4. _____ Date _____
5. _____ Date _____
6. _____ Date _____

_____ APPROVED: _____ _____
Principal's Signature Regional Superintendent Date

Email completed form to HRAssignments@lausd.net.