## LOS ANGELES UNIFIED SCHOOL DISTRICT Early Childhood Education Human Resources

## SUBSTITUTE TEACHER STATEMENT OF AVAILABILITY FOR STATE PRESCHOOL

(Print) Last Name		First Name		M.I.	-	Employee No.	
State Preschool Nam	ne:						
I am available for the following types of day-to-day assignments:							
Beginning Date	Date: Ending Date:						
Availability must be 2 consecutive days							
Daily Availability	Mon.	Tues.	We	d.	Thur.	Fri.	
Shift	□АМ □РМ	☐ AM ☐ PM	☐ AM	□ PM	AM PM	☐ AM ☐ PM	
Working hours							
Geographical area	☐ Central	☐ Harbor ☐	Valley	☐ Ea	ast 🗌 Sout	h 🗌 West	
				-			
Employee Signature					Date		
Street Address	City				Zip Code		
Home Telephone	me Telephone Cell Number						
Please mail or fax th	Early Huma 333 S Los A	ANGELES UNIFIED Childhood Educatio In Resources I Beaudry Ave., 15 <sup>th</sup> Ingeles, CA 90017 213) 241-2479	'n	DISTRIC	CT		

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