

**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., 15<sup>TH</sup> FLOOR**

**FAX: (213) 241-8465**

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