

**Los Angeles Unified School District
APPLICATION FOR ASSIGNMENT AS COMMUNITY REPRESENTATIVE**

Last Name	First	M.I.	Social Security Number	Birth Date

- I understand that recent changes in the federal immigration laws (Immigration Reform and Control Act of 1986) require employers to verify and attest to the authorization of all new employees to work in the position offered. This requirement applies to all applicants. At the time of hiring, I must submit certain documentation in order to establish both my identity and employment authorization. For example, I may be asked to present my driver's license and Social Security card, or birth certificate or passport.
- CONVICTIONS:** I understand that if I have ever been (1) convicted or pled nolo contendere (no contest), or (2) fined, or (3) placed on probation for any violation of the law, either a misdemeanor or felony, regardless of any subsequent court action of dismissal or expungment, I must attach a statement on Form 6087, giving a full explanation, including dates, places, charges and disposition of all cases. (Do not include traffic violations such as faulty equipment, parking, hand signals or speeding.)
 - PENDING COURT CASES:** In addition to convictions, I must also list any pending criminal court cases on Form 6087.
I request a copy of Form 6087. Yes No
- I understand that, before I may be assigned to a District position, I must meet the health standards as required by the State of California. This includes a test for tuberculosis (chest X-ray or Mantoux skin test) pursuant to Education Code Section 49406 and certification from a licensed physician that my health meets state standards, in accordance with Education Code Section 44839, to perform in the position for which I am applying. I further understand that this is at my own personal expense.
- I understand that, prior to employment, each new employee of the Los Angeles Unified School District must complete and sign the Oath of Allegiance required of all public employees by Section 3, Article XX, of the Constitution of the State of California.
- I understand that prior to employment, each new employee must submit to fingerprint processing at the applicant's personal expense.

Verified by: _____	Date: _____
--------------------	-------------

DECLARATION:

I declare under penalty of perjury that all information I have provided on this form is true and correct.

Applicants Signature: _____ Date: _____

Street Address	City	State	Zip Code	Telephone Number
----------------	------	-------	----------	------------------

CERTIFICATION:

I certify the above-named person will perform the duties described in Policy Guide E-3 and will not render service normally included in the duty statements of classified, certificated or other unclassified employees, and I request the above individual be employed as a Community Representative.

Class Code (A, C, D, E)	Rate of Pay Per Hour	Hours Per Pay Period	Total Hours	Beginning Date	Ending Date

Signature of Administrator	Title	School / Office
Fund / Program Code	Telephone	Date

BUDGET AUTHORIZATION:

Fiscal Unit Approval	Fund	Program Code	Date
----------------------	------	--------------	------



REQUEST FOR PERSONNEL ACTION

ACTION REQUESTED FOR POSITION (Please check the box to the left of the action you are requesting):

<input type="checkbox"/> New Position	<input type="checkbox"/> Modify (Change) Position	<input type="checkbox"/> Delimit Assignment (Person)
<input type="checkbox"/> Continue Current Position	<input type="checkbox"/> Defund (Close) Position	

POSITION/TITLE (Please check the box to the left of the title/position):

<input type="checkbox"/> Teacher Assistant	<input type="checkbox"/> Professional Expert ---	<input type="checkbox"/> Coach / Teacher Advisor ---
<input type="checkbox"/> Education Aide	<input type="checkbox"/> Student Aide ----	<input type="checkbox"/> Support Services (Specify Class Title Below)
<input type="checkbox"/> Classified Relief	<input type="checkbox"/> Community Rep. ---	Job Title
<input type="checkbox"/> Temporary Certificated Assignment ---		<input type="checkbox"/> 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		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:

