

Los Angeles Unified School District
 Human Resources
LOCAL ASSIGNMENT OPTION REQUEST

This authorization allows a **general education** in either a probationary or a permanent contracted position, who meets the requirements as outlined in Education Codes: 44256(b) 44258.2, and 44263, to be assigned to teach a single subject area outside of his/her credential authorization with his/her consent. The authorization is only valid for the fiscal year for which it was issued. The request must be submitted and approved prior to the start of the assignment.

Teacher Name: <small>(first name_ last name)</small>		Employee No:	
Site Name:		Site Location No:	

Please select **one** of the following:

- Middle School Authorization - EC§ 44256(b) / EC§ 44258.2 (Grades 1-8)**
 Requirements: minimum of 12 semester units (18 quarter units) of lower division or 6 semester units (9 quarter units) of upper division coursework in the requested subject.

- Board Permit - EC§ 44263 (Grades 9-12) formerly**
 Requirements: minimum of 18 semester units (27 quarter units) of lower division or 9 semester units (13.5 quarter units) of upper division coursework in the requested subject.

Subject(s) Requested: _____

Course Number	Course Title	HR Office Use Only CALPADS Code & Description

TEACHER CONSENT TO THE ASSIGNMENT *(Must be completed by teacher)*

I, _____, agree to teach the above listed courses during the 2021-2022 fiscal year.
(print name – first name, last name)

Teacher's Signature: _____
Signature is required. A typed in name will result in authorization being declined.

Date: _____

PRINCIPAL VERIFICATION OF REQUEST AND CONSENT

Principal's Name (print): _____

Principal's Signature: _____
Signature is required. A typed in name will result in authorization being declined.

Date: _____

Scan/Email forms to: teacherconsentform@lausd.net

DATE REC BY CCCS: _____ CCS INITIALS: _____