

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: _____