

LOS ANGELES UNIFIED SCHOOL DISTRICT
Human Resources Division
Certificated Workforce Management and Qualifications

REF-1708.4
February 9, 2015

ATTACHMENT A

Application for Committee on Assignments Authorization

Applicant Name (Print last name, first name) _____ Personnel ID No. _____
 School Name: _____ Cost Center: _____ ESC: _____
 Status: Permanent Probationary (2 period limit) School Year: _____

Request Type:
 Renewal
 New (supporting documentation required – see page 2)

Requested Elective Course(s):

Course Title	Course Code No.	No. of Periods

Teacher's Signature _____ Principal's Name/Signature _____

PLEASE FAX APPLICATION AND SUPPORTING DOCUMENTATION TO: SALLY BUCHANAN AT (213) 241-8413

OFFICE USE ONLY

<p style="text-align: center;">Credential Evaluation</p> <p>Evaluator: _____</p> <p><input type="checkbox"/> Approved for committee review <input type="checkbox"/> Needs additional information/documentation</p> <p>_____ _____</p>	<p style="text-align: center;">Committee Evaluation</p> <p>Date: _____</p> <p><input type="checkbox"/> Approved - authorization expires: _____ <input type="checkbox"/> Denied _____</p> <p>_____ _____</p>
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Education Code Clearance

Subject of Authorization _____

#COA-02-_____ Issuance Date: _____ Expiration Date: _____

Cleared by: _____ Date: _____



