

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		
Local District or Office			
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:



**Los Angeles Unified School District
Human Resources Division
APPLICATION FOR ASSIGNMENT AS PROFESSIONAL EXPERT**

EMPLOYEE INFORMATION:

Last Name	First	M.I.	Telephone Number

Street Address	City	State	Zip Code

EMPLOYMENT WITH THE LOS ANGELES UNIFIED SCHOOL DISTRICT:

Current Employee

New Employee

Retired Employee

Former Employee

	Pers ID/Emp No	Location	Position	Hours
	Year Retired			
	Year Last Worked	Applicant Signature	Date	

TO BE COMPLETED BY SPONSORING SCHOOL OR OFFICE

Fingerprint / TB Clearance: No applicant is authorized to perform any services until all required forms have been processed (including fingerprint / TB clearance for new employees or recent retirees) and the assignment has been approved. Refer to Personnel Policy Guide E12 for additional information.

Statement of Duties: Must be attached describing in sufficient detail justification of proposed salary rate.

Job Code/Class Code (A, B, C, D, E, F)	Rate of Pay Per Hour	Hours Per Pay Period	Total Hours	Time of Day Work Performed	Beginning Date	Ending Date

CERTIFICATION:

I certify that the above-named individual will perform the duties described on the attachment and will not render service normally included in the duty statements of Classified, Certificated, or other Unclassified employees, and I request that the individual be employed as a Professional Expert:

Signature of Sponsoring Official	Title	School / Office
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Fund / Program Code	Telephone	Date
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BUDGET AUTHORIZATION:

Fiscal Unit Approval	Fund	Program Code	Date
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PERSONNEL AUTHORIZATION:

Personnel Office	Approved	Not Approved	Date
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PROCEDURE: Submit copy to the appropriate Fiscal Budget Specialist or your division office for budget authorization. The Fiscal Budget Specialist or your division office will attach a Request for Personnel Action form and forward it to the Certificated Assignment Unit, 333 S. Beaudry, 15th floor for assignment processing.



INTEROFFICE CORRESPONDENCE

Los Angeles Unified School District
Office of the Superintendent

TO: All Schools and Offices

DATE: June 25, 2014

FROM: Michelle King, Senior Deputy Superintendent
School Operations



SUBJECT: UPDATE TO HIRING FREEZE FOR CERTIFICATED AND CLASSIFIED POSITIONS

Now that the 2014-15 Classified placements have been implemented, this memo provides an update to the current freeze policy for Classified and Certificated positions.

Effective July 1, 2014, the hiring freeze will continue as indicated below:

CERTIFICATED POSITIONS

Freeze approval IS required for:

1. Creating new positions in central and other non-school based offices (includes converting a position in a discrete classification to a temp advisor)
2. Reallocating the salary of a classification(s)/position(s) upward
3. Increasing the basis of a position
4. Opening a limited-term assignment (includes, but is not limited to: Professional Experts, and Temporary Certificated Assignments)

Freeze is NOT required for:

1. Filling vacant positions
2. Changing a position's funding source
3. Decreasing the basis of a vacant position

The following are exempt from all freeze restrictions:

1. School-based certificated positions
2. School-based Community Representatives
3. Categorical Limited Contract Teachers

CLASSIFIED POSITIONS

Freeze approval IS required for:

1. Requests for new classifications or upward reclassifications
2. Requests for changes in basis or hours for filled classified positions
3. Establishment of new, central-office based classified positions

Freeze approval is NOT required for:

1. Filling of existing classified and Teacher Assistant positions
2. Establishment of new school-based classified positions
3. Closure of any vacant classified position (still requires PC review)
4. Modification of basis/hours of **vacant** classified positions (still requires PC review)
5. Relief positions

Classified positions closed in budget development for FY 2014-15 cannot be reopened for one (1) year. The closure of an occupied position will **not** be allowed. As a reminder, vacant positions will be filled via reemployment lists for both classified and certificated positions, where applicable.

Please direct questions related to classified vacancies to Eva Segee at eva.segee@lausd.net, and questions related to Certificated vacancies to Pablo Ortega at pablo.ortega@lausd.net.

c: Dave Holmquist
Vivian Ekchian
Janalyn Glymph
Justo Avila
Megan Reilly
Tony Atienza
Matt Hill
Jefferson Crain

Los Angeles Unified School District
Request for Freeze Exemption: Staffing

Please use this form to request any of the following actions:

- | | |
|---|--|
| Create a new position | Open a limited-term assignment |
| Close a position | Change in hours (classified) (from ___ to ___) |
| Reclassify a position/class upward (classified) | Change in Basis (from ___ Basis to ___ Basis) |
| Reallocate the salary of a position upward (certificated) | |

Current/Most Recent Incumbent (if applicable)		Branch/Division	
Class Title/Class Code	Bargaining Unit (if applicable)	Maximum Salary Range/Schedule	Basis
Location Name	Location Code	Funding Source	
Position Control Number	Beaudry Building Office/Cubicle #		

Please attach responses to the following questions on a separate sheet of paper:

1. Please provide an explanation justifying why this position is essential to the operations of the school or office.
2. Identify at a minimum ten typical duties that will be assigned to this position. (Please do not copy from the class description.)
3. Please provide a current organizational chart with the position and supervisor indicated. If upgrading a position or closing a position to open a new one, please indicate that on the organizational chart.
4. Please identify the funding source (include name of funding source in addition to code). If grant funded, please specify the duration of the grant.
5. For new position requests, describe how the responsibilities of this position are currently being fulfilled.

Signatures Required:

Branch/Section Head	Date	Division Head/Instructional Area Superintendent	Date
Contact Person (print)	Phone	Fax & E-mail	

Approved

 Not Approved

 Additional Information Needed

Michelle King, Senior Deputy Superintendent, School Operations

LOS ANGELES UNIFIED SCHOOL DISTRICT
Human Resources Division

EMPLOYMENT INFORMATION (Please Print)

1. NAME _____ 2. SEX: Male Female
Last First Middle

3. ETHNICITY: Latino? (Select only one)
 No, Latino Yes, Latino

The above part of the question is about ethnicity, not race. No matter what you selected above please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

RACE: What is your race? (Select one or more)

- | | | |
|---|------------------------------------|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hmong | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Laotian | <input type="checkbox"/> White |

4. _____ 5. _____ 6. _____
BIRTHDATE (MM/DD/YYYY) SOCIAL SECURITY # CALIFORNIA DRIVER LICENSE #

7. CITIZENSHIP: I am a citizen of the United States of America.
 I am not a citizen of the United States of America, but under federal law I am eligible for employment.

8. PREVIOUS LOS ANGELES UNIFIED SCHOOL DISTRICT EMPLOYMENT: I am currently or have previously been employed by the LAUSD in some capacity, and have been issued an employee number. Yes No

Job Title Approximate Dates Employee Number
Name while employed if different from #1 above: _____

9. RETIREMENT SYSTEM INFORMATION:
A. Check the box below if you are retired and are receiving a retirement allowance from either or both of the retirement systems:
 State Teachers' Retirement System (STRS) Public Employees' Retirement System (PERS)
B. If you are not retired, but are a member of one or both retirement system(s), check the appropriate box (es):
 I am currently enrolled in STRS, or have funds on deposit with STRS.
 I am currently enrolled in PERS, or have funds on deposit with PERS.
C. I understand that if I am currently receiving a retirement allowance from PERS and/or STRS and I am accepting full time employment, it is my responsibility to rescind my retirement with PERS and/or STRS.

10. REPORT OF CONVICTIONS/PENDING COURT CASES (Form 6087): A record of convictions, arrests and pending court cases does not necessarily disqualify an applicant from employment. However, failure to account on Form 6087 for all convictions, arrest and pending criminal court cases will result in disqualification and/or separation from service.
You must request and complete Form 6087 if you have ever been **convicted** of any violation of law, whether or not you were fined, placed on probation, given a suspended sentence, or forfeited bail, and regardless of any subsequent court dismissal or expungement. You must also report any **pending** criminal court cases. (Do not include minor traffic violations such as parking or speeding.)

I have a conviction or pending criminal court case to report and hereby request Form 6087. YES NO

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

Address _____ Signature _____ Date _____
Street City, State Zip Code Area Telephone Number

HUMAN RESOURCES USE ONLY

Document/Notes Date and Initials
Employment Authorization verified (I-9) _____

HR-Employee Relations approval needed if item 10 is Yes _____

Pers ID/Emp No.



LOS ANGELES UNIFIED SCHOOL DISTRICT

OATH OF ALLEGIANCE

(Required by Article XX Section 3 of the Constitution of the State of California)

“I, (Print Name) _____ ,
First Middle Last

do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

And I do further swear (or affirm) that I do not advocate, nor am I a member of any party or organization, political or otherwise, that now advocates the overthrow of the Government of the United States or the State of California by force or violence or other unlawful means; that within the five years immediately preceding the taking of this oath (or affirmation) I have not been a member of any party or organization, political or otherwise, that advocated the overthrow of the Government of the United States or of the state of California by force or violence or other unlawful means except as follows:

(If no affiliations, write in the words “**No Exceptions**”)

and that during such time as I hold the office of **Employment with the Los Angeles Unified School District** I will not advocate nor become a member of any party or organization, political or otherwise, that advocates the overthrow of the Government of the United States or of the State of California by force or violence or other unlawful means.”

Executed this _____ day of _____, 20_____ ,

at _____ , California
City

Signature: _____

Home Address: _____

Number and Street

City

State

Zip Code





LOS ANGELES UNIFIED SCHOOL DISTRICT

**EMPLOYEE ACKNOWLEDGEMENT
OF SUSPECTED CHILD ABUSE REPORTING
DISTRICT POLICY AND LEGAL REQUIREMENTS**

1. I have been fully informed of my individual responsibility to report suspected child abuse as specified by District policy and state law.
2. I have received training on suspected child abuse reporting laws, child abuse reporting procedures, and my duties as a mandated reporter.
3. I understand that reporting suspected child abuse is my individual responsibility and that my failure to comply with child abuse reporting laws and/or LAUSD child abuse reporting procedures may subject me to professional liability, which may include discipline, demotion, dismissal, and the possible suspension or revocation of credentials, and criminal and/or civil liability.
4. I understand that, if I reasonably suspect that conduct by another LAUSD employee, other school related adult, or a student to another student may be an indication of suspected child abuse, I must report the suspected child abuse to an appropriate child protective agency ***and*** I must inform my supervising administrator of the alleged inappropriate conduct.
5. I have been provided with a copy of the *Child Abuse Reporting Information Sheet* (Attachment B of District policy bulletin No. BUL-1347.2, “*Child Abuse and Neglect Reporting Requirements*”) which summarizes my suspected child abuse reporting responsibilities as a LAUSD employee.
6. I further understand that if, at any time during the course of my employment with LAUSD, I make a report of suspected child abuse consistent with District suspected child abuse reporting policy and procedures, I will be defended by the District against any actions or claims that may be made as a result of the report and that the District will pay all expenses associated with such defense.

I hereby certify that I have knowledge of the suspected child abuse reporting legal mandates, LAUSD child abuse reporting procedures, and that I will comply with them.

Name: _____ **Signature:** _____
(Please Print)

Employee Number: _____ **Position:** _____

School / Office Location: _____ **Date:** _____

**A COPY OF THIS CERTIFICATION WILL BE RETAINED
BY YOUR SCHOOL OR SITE ADMINISTRATOR**

LOS ANGELES UNIFIED SCHOOL DISTRICT

Human Resources Division

Employee Health Services

TUBERCULOSIS (TB) CLEARANCE FOR NEW CERTIFICATED EMPLOYEES

PLEASE NOTE: In accordance with California Education Code Section 49406, all persons initially employed by a school district must be examined to determine if he/she is free of active TB not more than sixty (60) days prior to being hired. The examination must be an intradermal Mantoux tuberculin skin test, which if positive (10mm or more), must be followed by a chest x-ray. If you had a positive reaction to a prior skin test, indicate that date and proceed with a chest x-ray. A tine test is not acceptable.

The Genetic Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting, or requiring, genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Personal Information (Please Print)
Last Name First Name M.I. Social Security Number
Home Address City State Zip Employee Number (if applicable)
Phone Number Cell Number Email Birthday (mm/dd/yyyy)
Position: [] Early Education [] K-12 [] Adult Education
[] District Intern [] Substitute [] Other:

Mantoux Tuberculin Skin Test (5 TU PPD)
Date Given
Date Read
Result (mm induration)
Signature of Practitioner Date
Printed Name of Practitioner
State License Number Degree

Chest X-ray (only if history of positive skin test)
Date (or estimated year) of positive skin test
Date X-ray Taken
Impression
Signature of Physician Date
Printed Name of Physician
State License Number Degree

Medical Facility's Contact Information
Address City
State Zip Phone Number

CANDIDATE MUST SUBMIT COMPLETED FORM TO:

Los Angeles Unified School District
Employee Health Services
333 S. Beaudry Ave., 14th Floor
Los Angeles, CA 90017

FOR DISTRICT USE ONLY





Credentials, Contract & Compliance Services



[Home](#)

[First Contract](#)

[Contract Renewal](#)

[Changing Status](#)

[Glossary](#)

[Forms](#)

Fingerprinting:

The following certificated employees/candidates must be fingerprinted by the Los Angeles Unified School District and receive clearance prior to reporting for work:

- I. *All new employees*
- II. *All former employees*, if their most recent employment with the Los Angeles Unified School District commenced prior to January 25, 1992.
- III. *All former employees* who return to service with **more** than 39 months break in service.
- IV. *Current employees* who have a hire date prior to January 25, 1992, who require processing due to a change in employment status or classification.

The District fingerprinting fee will be deducted from your salary warrant.

If you have not been fingerprinted for the California Commission on [TEACHER CREDENTIALING](#), an additional fingerprinting fee will apply. This fee will also be deducted from your salary warrant.

No employee may report to work prior to receiving District notification of fingerprint clearance.

For additional questions, or to check on the status of your fingerprint clearance, please call (213) 241-6140.

Quick Links

[online credential renewal](#)

[online substitute renewals](#)

[parking & directions](#)

[salary information](#)

[CCTC application & credential online search](#)

**LOS ANGELES UNIFIED SCHOOL DISTRICT
Human Resources Division - Employee Relations Section**

**APPLICANT FINGERPRINT INFORMATION FORM
(Please print neatly and legibly)**

Position Applied For		School/Work Location of Applicant			
Last Name	First Name		Middle Name		
Date of Birth	Home Address	Street Name	Apt. # (if applicable)		
City	State		Zip		
Gender	Phone Number	Height	Weight	Eye Color	Hair Color
Place of Birth -- City		State / Country		Citizenship Country	
Social Security Number		CA Driver License		Any Other Last Names Used	
Applicant's Signature				Date	

REPORT OF CONVICTION(S) AND/OR PENDING CRIMINAL COURT CASE(S)

A record of conviction(s), current arrests and pending/or criminal court case(s) does not necessarily disqualify an applicant from employment. However failure to disclose all conviction(s) and/or pending criminal court case(s) on Form 6087 will result in disqualification and/or dismissal.

You must request and complete Form 6087 if you have ever been convicted of any violation or criminal law, whether or not you were fined, placed on probation, given a suspended sentence, or forfeited bail and regardless of any subsequent court dismissal or expungement. You must also report any pending criminal court case(s). Do not include minor traffic violations such as parking or speeding.

No **Yes** **I have a conviction or a pending criminal court case to report and hereby request Form 6087.**

Applicant's Signature	Date
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-----Office Use Only-----

Signature of Official Taking Fingerprints	Date
---	------

ATI #	Results: _____ D.O.J. Date: _____ FBI Date: _____
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Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation <i>(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)</i>						
Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town	State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	E-mail Address			Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

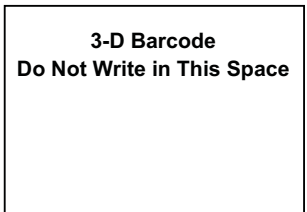
2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*



Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:			Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="text-align: center;">3-D Barcode Do Not Write in This Space</p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name)		Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
---	--	----------------	---

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
OR	AND	
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Type or Print Your Full Name	Your Social Security Number
Home Address (Number and Street or Rural Route)	Filing Status Withholding Allowances
City, State, and ZIP Code	<input type="checkbox"/> SINGLE or MARRIED (with two or more incomes) <input type="checkbox"/> MARRIED (one income) <input type="checkbox"/> HEAD OF HOUSEHOLD

- Number of allowances for Regular Withholding Allowances, Worksheet A _____
 Number of allowances from the Estimated Deductions, Worksheet B _____
 Total Number of Allowances (A + B) when using the California Withholding Schedules for 2014 _____
 OR
- Additional amount of state income tax to be withheld each pay period (if employer agrees), Worksheet C _____
 OR
- I certify under penalty of perjury that I am not subject to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act. (Check box here)

Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

Signature _____ Date _____

Employer's Name and Address	California Employer Account Number
-----------------------------	------------------------------------

----- cut here -----

Give the top portion of this page to your employer and keep the remainder for your records.

YOUR CALIFORNIA PERSONAL INCOME TAX MAY BE UNDERWITHHELD IF YOU DO NOT FILE THIS DE 4 FORM.

IF YOU RELY ON THE FEDERAL FORM W-4 FOR YOUR CALIFORNIA WITHHOLDING ALLOWANCES, YOUR CALIFORNIA STATE PERSONAL INCOME TAX MAY BE UNDERWITHHELD AND YOU MAY OWE MONEY AT THE END OF THE YEAR.

PURPOSE: This certificate, DE 4, is for **California Personal Income Tax (PIT) withholding** purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

You should complete this form if either:

- You claim a different marital status, number of regular allowances, or different additional dollar amount to be withheld for California PIT withholding than you claim for federal income tax withholding or,
- You claim additional allowances for estimated deductions.

THIS FORM WILL NOT CHANGE YOUR FEDERAL WITHHOLDING ALLOWANCES.

The federal Form W-4 is applicable for California withholding purposes if you wish to claim the same marital status, number of regular allowances, and/or the same additional dollar amount to be withheld for state and federal purposes. However, federal tax brackets and withholding methods do not reflect state PIT withholding tables. **If you rely on the number of withholding allowances you claim on your Form W-4 withholding allowance**

certificate for your state income tax withholding, you may be significantly underwithheld. This is particularly true if your household income is derived from more than one source.

CHECK YOUR WITHHOLDING: After your Form W-4 and/or DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form, and for federal withholding use the Internal Revenue Service (IRS) Publication 919 or federal withholding calculations.

EXEMPTION FROM WITHHOLDING: If you wish to claim exempt, complete the federal Form W-4. You may claim exempt from withholding California income tax if you did not owe any federal income tax last year and you do not expect to owe any federal income tax this year. The exemption automatically expires on February 15 of the next year. If you continue to qualify for the exempt filing status, a new Form W-4 designating EXEMPT must be submitted before February 15. If you are not having federal income tax withheld this year but expect to have a tax liability next year, the law requires you to give your employer a new Form W-4 by December 1.

Form W-4 (2014)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
	For accuracy, complete all worksheets that apply. { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
		▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2014
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____		
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____		
7 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	



LOS ANGELES UNIFIED SCHOOL DISTRICT WARRANT(S) RECIPIENT DESIGNATION

EMPLOYEE NUMBER _____ EMPLOYEE'S PAYROLL NAME _____ SOCIAL SECURITY NUMBER _____		
Under the provisions of Section 53245 of the California Government Code (see below), in the event of my death I hereby designate the following named person to be entitled to receive all warrants payable to me by the Los Angeles Unified School District, had I survived.		
Designee's Name in Full _____		Relationship _____
Designee's Address (Number, Street, State, and Zip Code) _____		
This designation cancels and replaces any, previously signed by me for this purpose and shall remain in effect until cancelled in writing, by me.		
It is expressly understood and agreed that the Los Angeles Unified School District is not obligated to deliver said warrants to the person designated hereinabove unless said designated person, within two years after the date of said warrant or warrants, claims said warrants from the Los Angeles Unified School District and provides Los Angeles Unified School District sufficient proof of identity pursuant to the provisions of Section 53245 of the California Government Code.		
Date _____	Signature _____	

GOVERNMENT CODE, STATE OF CALIFORNIA: Section 53245

“Any person now or hereafter employed by a county, city, municipal corporation, district, or other public agency may file with his appointing power a designation of a person who, notwithstanding any other provision of law, shall, on the death of the employee, be entitled to receive all warrants or checks that would have been payable to the decedent had he survived. The employee may change the designation from time to time. A person so designated shall claim such warrants or checks from the appointing power. On sufficient proof of identity, the appointing power shall deliver the warrants or checks to the claimant. A person who receives a warrant or check pursuant to this section is entitled to negotiate it as if he were the payee.”

Los Angeles Unified School District
Payroll Administration
RETIREMENT CONTRIBUTION INFORMATION

PRINTED NAME: _____ **SEX:** M F
Last First Middle

Birthdate: _____ **SSN:** _____
(MM/DD/YYYY)

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone Number: () _____

PREVIOUS EMPLOYMENT WITH ANY CALIFORNIA PUBLIC AGENCY: I am currently employed or have had previous employment with a Public Agency. Yes No

Agency Name Job Title Approximate Dates

PREVIOUS LOS ANGELES UNIFIED SCHOOL DISTRICT EMPLOYMENT: I am currently employed or have previously been employed by the LAUSD in some capacity, and have been issued an employee number. YES No

Job Title Approximate Dates Employee Number

RETIREMENT SYSTEMS INFORMATION:

A. Please check all box(s) below that apply if you are retired and are receiving a retirement allowance. If your retirement system is not listed and you are receiving a retirement allowance, please check other and indicate the retirement system name:

- State Teachers' Retirement System (STRS) Public Employees' Retirement System (PERS)
 Other: _____

B. If you are **not** retired but are a member of a retirement system, check the appropriate box(es). If the retirement system is not listed, please check the last box and indicate the retirement system name you are a member of:

- I am currently enrolled in STRS, or have funds on deposit with STRS.
 I am currently enrolled in PERS, or have funds on deposit with PERS.
 I am currently enrolled in _____, or have funds on deposit with _____.

C. I understand that if I am currently receiving a retirement allowance from PERS and/or STRS and I am accepting full time employment, it is my responsibility to rescind my retirement with PERS and/or STRS.

Signature Date

PLEASE NOTE:

- The above information is required to be in compliance with Assembly Bill 340 - California Public Employees' Pension Reform Act (PEPRA)
- Completed form must be submitted to Retirement Unit, Payroll Administration, 27th Floor Beaudry Bldg