LOS ANGELES UNIFIED SCHOOL DISTRICT

Human Resources Division

Certificated Assignments and Support Services

TEACHER ASSISTANT REDUCTION IN FORCE FORM

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |

Last Name First Middle Person ID/Employee No. Home Telephone

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

Home Address City & State Zip Code Alternate Telephone

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| --- |
|  |

Work Location

**SECTION I** – **(To be completed by Administrator in accordance with Unit F Collective Bargaining Agreement,**

**Article X (Reduction in Force)**

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|  |

Date Employee Notified:

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| --- |
|  |

Date Recall Rights Expire:

Employees subject to reduction in force have preference for 12 months from date of layoff for future available positions for which they qualified at the school from which their layoff occurred.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

Administrator’s Name and Title Date Administrator Signature

**SECTION II – (To be completed by Employee)**

Employee Acknowledgment:

I understand that it is my responsibility to keep my current mailing address and telephone number on file at the school. I also understand that my recall rights cease on the date specified above; my recall rights also cease if I fail to respond immediately to a written offer to my address of record or if I decline a recall offer.

Employee Signature Date

COPIES TO:

Certificated Assignments and Support Services (Beaudry Building, 15th Floor)

Employee Benefits Administration (Beaudry Building, 28th Floor)

\*HR5009\*

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