LOS ANGELES UNIFIED SCHOOL DISTRICT HUMAN RESOURCES DIVISION CERTIFICATED WORKFORCE MANAGEMENT AND QUALIFICATIONS

EMERGENCY 30-DAY SUBSTITUTE TEACHING PERMIT AFFIDAVIT

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|--|--|-------------------|------------------|-----------------------|--------------------------------------|
| Last Name | First N | lame | Middle | Pers ID/Em No. | p Last 4 Digits of Social Security # |
| I currently hold an Emergency 30-Day Substitute Teaching Permit and I have submitted the | | | | | |
| application and fee online: Confirmation Number $\sqrt{}$ for the permit | | | | | |
| renewal to the Commission on Teacher Credentialing on (Date) $\sqrt{}$ | | | | | |
| You must request and comyou were fined, placed on pourt dismissal or expunge violations such as parking of | probation, given a su ment. You must also | spended sentence. | , or forfeited b | ail, and regar | dless of any subsequent |
| ☐ YES, I have a new conviction or pending criminal court case to report and hereby need to complete Form 6087. (Also required to get clearance in person from Employee Relations, 333 S. Beaudry Ave. 14 TH Floor). | | | | | |
| ☐ YES (But nothing since cleared by the District) – Not required to complete Form 6087 | | | | | |
| □NO | | | | | |
| I certify under penalty (Ed. Code 44362) that the statement checked above is true. I know of no reason why this permit should not be granted. | | | | | |
| J | J | 1 | | J | |
| √Name | <u> </u> | Date | | Но | ome Phone Number |
| ✓E-mail Address | | | | √ | ell Phone Number |
| Office Use Only | | | | | |
| Input Date: | | TCC to | LACOE: | | |
| Credentials Assistant: | | TCC E | xpiration Dat | te: | _ |
| | | | | | SUB AFFIDAVIT |

Please click on the "Submit" button to renew.

