

NON-LAUSD EMPLOYEE FORM – ALL REQUIRED (*) FIELDS MUST BE COMPLETED IN ORDER TO PROCESS

*Name (Last)	*(First)	(Middle Initial)							
*Contractor #	*LAUSD E-Mail Account/SSO	*LAUSD E-Mail Account/SSO							
*Position	*Primary Phone	Alternate Phone							
*School/Office (all assigned schools for this role)									
*Location Code(s)									
SELECT ONE ROLE TO ADD AS A SECONDARY WELLIGENT ACCOUNT									
CHARTER	NPA	NPS							
Special Education Lead	Administrator	Administrator							
Special Education Lead (Agency)	Admin (Center Based	Accountant							

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CHARTER	NPA	NPS							
Special Education Lead	Administrator	Administrator							
Special Education Lead (Agency)	Admin (Center Based	Accountant							
Service Provider	Accountant	Accountant (School)							
Service Provider (Agency)	BID	Auditor							
Psych/Counseling Provider	BII	Caseload Manager							
Psych/Counseling Provider (Agency)	Caseload Manager/Fiscal Support	СОТА							
Nursing Provider	COTA Counseling								
Nursing Provider (Agency)	Counseling	School Nurse							
	Special Ed Teacher	Special Ed Assistant							
	LVN	Special Ed Teacher							
	RN – Caseload Manager								
	Other								
	NPA DIS/Related Services Provider:	NPS DIS/Related Services Provider:							
	APE LAS OT PT SLPA	APE LAS OT PT SLPA							
	Vision Therapy Psych (Per Diem)	Blind/Partially Sighted							
	School Social Worker (Per Diem)	Orientation & Mobility							
	School Social Worker (Fer Bleff)	Offertation & Mobility							
** Hierarchy Supervisor (Print Name) This person will assign you to your students:									
REQUIRED SIGNATURES: Your application will be rejected if either signature below are missing.									
I understand that I have access to confidential	I understand that I have access to confidential student records and I cannot discuss or share these records with unauthorized personnel.								
★ *Agreed:									
Print Name	Signature	Title Date							
②★Approved:									
Print Name	Signature	Title Date							
CHANCE OF LETE EVICTING ACCOUNT									

C	CHANGE/DELETE EXISTING ACCOUNT							
	Remove Location(s):							
	Change of Location: From:	То:						
	Change Title/Role: From:	То:						
	No longer Needed (Inactivate this account)							
> A	≥ Approved:							
	(Print) User's Name	Signature	Title	Date				

TRAINING AND SUPPORT

For Welligent training, sign up through MyPLN by logging into https://achieve.lausd.net/mypln with your Single Sign-On account. If you need an e-mail account or forgot your e-mail password call the ITD Helpdesk at (213) 241-5200 option 2.

Questions? Call the Welligent Support Section at (213)241-5200 option 8.

Attach this form to an online ticket for Welligent Support at: https://lausd-myit.onbmc.com