

**LOS ANGELES UNIFIED SCHOOL DISTRICT
Human Resources Division
Assignments and Support Services
Early Childhood Education Unit**

CERTIFICATED SUBSTITUTE STATUS AND AVAILABILITY FORM

Name _____

Employee # _____

Classification Substitute Teacher

Address _____

City/Zip code _____

Phone # _____

E-mail _____

<i>For Office Use only</i>	
Date Elected	_____
Social Security #	_____
TB expiration date	_____
CPR expiration date	_____
1 st Aide expiration date	_____
INS Work Auth exp date	_____

SUBSTITUTE ONLY: Availability must be 2 consecutive days.

Daily Availability	Mon.	Tues.	Wed.	Thur.	Fri.
Shift	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Working hours					
Geographical area	<input type="checkbox"/> Central	<input type="checkbox"/> Harbor	<input type="checkbox"/> Valley	<input type="checkbox"/> East	<input type="checkbox"/> South <input type="checkbox"/> West

Substitute agreement:

I understand that my name will be referred for assignment to the areas I have indicated above, only as long as there is a need for substitutes in those areas.

I understand that the Early Childhood Education Human Resources Unit can call me for an assignment to any area when there is a special need, however, if I do not accept such an assignment out of my area, it will not constitute a refusal.

I understand that I cannot work more than 8 hours per day, 40 hours per week.

Signature: _____

Date: _____

Regular Employee ONLY

Center assigned: _____

Please return this form to: Los Angeles Unified School District
Certificated Assignments and Support Services
Human Resources Division
Early Childhood Education Unit
333 S. Beaudry Ave., 15th Floor
Los Angeles, CA 90017

School Mail: **Human Resources Division**
Beaudry 15th Floor
Early Childhood Education Unit

Fax: (213) 241-2479

