

LOS ANGELES UNIFIED SCHOOL DISTRICT
Human Resources Division
Certificated Workforce Management and Qualifications

REF-1708.3
October 13, 2010

ATTACHMENT A

Application for Committee on Assignments Authorization

Applicant Name (Print last name, first name) _____ Personnel ID No. _____ XXX - XX - _____
Social Security No.

School Name: _____ Location Code: _____ Local District: _____

Status: Permanent Probationary (2 period limit) Fiscal Year: _____

Request Type: New (supporting documentation required / official transcripts may be required)
 Renewal (description of special skills, training or experience **not needed**)

Requested Elective Course(s):

Course Title	Course Code No.	No. of Periods

Please note, the committee cannot review this application unless it is completed in full. The teacher applicant needs to describe any special skills, training or experience for the requested course. Specific supporting documentation and/or additional information regarding your qualifications must be attached.

Description of special skills, training or experience:

Teacher's Signature _____ Date _____

Principal's Signature _____ Date _____

PLEASE FAX THIS APPLICATION AND SUPPORTING DOCUMENTS TO COLLEEN MORI AT (213) 241-8413

OFFICE USE ONLY

Credential Evaluation

Evaluator: _____

Approved for committee review

Needs additional information/documentation

Committee Evaluation

Date: _____

Approved - authorization expires: _____

Denied _____
