

**LOS ANGELES UNIFIED SCHOOL DISTRICT
HUMAN RESOURCES DIVISION
CERTIFICATED PLACEMENT AND ASSIGNMENTS**

REQUEST FOR AUXILIARY TEACHERS

TO: Local District Superintendent Date: _____

FROM: _____
Principal School _____

SUBJECT: ASSIGNMENT OF AUXILIARY TEACHERS

It is requested that the following teacher(s) be assigned the extra teaching periods indicated to fill the position on line # _____ of the Secondary Certificated Staffing Report.

Name	Pers ID Emp No	Status	Subject Periods Now Taught*	Added Subj/Per	Start Date	Funding Source**
1.						
2.						
3.						
4.						
5.						
6.						

* Example: 2 math
3 science

** Example: 1020, ACO, SI, Title 1

STATEMENT TO BE SIGNED BY EACH AUXILIARY TEACHER:

In accepting an auxiliary teaching position, I understand that I must fulfill all regular duties, be at school and serve the conference period either before or after school, and that this auxiliary teaching period may be terminated at any time during the semester.

1. _____	_____
	Date
2. _____	_____
	Date
3. _____	_____
	Date
4. _____	_____
	Date
5. _____	_____
	Date
6. _____	_____
	Date

Principal's Signature

APPROVED: _____
Local District Superintendent

Date

Principal: Forward original and 2 copies of this form to your Local District Superintendent.

Distribution by Local District Superintendent Copy #1 - Personnel Specialist
#2 - Principal
#3 - Local District

