

**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	Employee Number	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