

INSTRUCTIONS FOR STUDENT AIDE PROCESSING

Continuing

REQUIRED FORMS (Available from the Local District 6 Office)

Lourdes (323)278-4904, Sandy (323) 278-4900, Sonya (323) 278-4906, Estela (323) 278-3909

9073	Request for Personnel Action (6/07 version) Can be downloaded from the LAUSD website
8415-10	Student Aide Application
*****	Work permit from school of attendance
*8459-11	Tuberculosis Clearance (see # 2 below)

<u>RATE</u>	<u>Class Code</u>	<u>Status</u>
\$8.00	29108686	2

THE STUDENT AIDE CANNOT BEGIN EMPLOYMENT UNTIL ALL FORMS HAVE BEEN COMPLETED AND PROCESSED.

1. Fill out all forms completely.
2. *Returning students that have not worked for **over a year** must also provide proof of Tuberculin Test or X-ray clearance.
3. Schools- send all completed forms to District 6: Business Office. The Fiscal Specialist will review, sign and forward the complete package to Certificated Personnel Office. A copy of the RPA will be sent to the school.

Los Angeles Unified School District
STUDENT AIDE APPLICATION

EMPLOYEE INFORMATION:

Name:	Last	First	M.I.	Social Security
Address:	Number / Street	City	State	Zip Code
Birth Date:	Month Day Year (MM/DD/YYYY)	Telephone:		

* Work Permit must be submitted if under 18 years of age

CITIZENSHIP:

- I am a citizen of the United States of America.
- I am not a citizen of the United States of America, but I have declared my intention to become a citizen as noted:
I will become a citizen on _____, at _____
Date City/State
- Declaration of Intention Number _____

PREVIOUS EMPLOYMENT:

- I have not been employed in the past by the Los Angeles Unified School District
- I have been employed in the past by the Los Angeles Unified School District

Classification	Work Location	Pers ID/Emp No

I certify that to the best of my knowledge all information submitted on this application is true and accurate.

Signature of Applicant

Date

<p>VERIFICATION OF SCHOOL ENROLLMENT</p> <p>(This section to be completed by authorized official at school of attendance)</p> <p>I certify that the above named individual is enrolled for at least (4) hours a day or (12) semester units.</p>

<p>APPROVAL OF EMPLOYING SCHOOL OFFICIAL</p> <p>(This section to be completed by employing School District Official)</p> <p>Employ the above named individual as a Student Aide. S/he will be assigned to work with students (check one). <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Name of School, College, University

Name of School or Office

Print Name & Title of Authorized Official

Hours Per Pay Period

Rate of Pay

Signature of Authorized Official

Date

Beginning Date

Ending Date

Contact Person

Phone Number

Print Name & Title of Employing Official

Signature of Employing Official



LOS ANGELES UNIFIED SCHOOL DISTRICT
Human Resources Division Employee
Health Services Unit

TUBERCULOSIS CLEARANCE

APPLICANT MUST COMPLETE		(PLEASE PRINT)	
NAME _____		_____	
Last	First	Middle	Social Security Number
ADDRESS _____		() _____	
Street	City	State	Zip Area Code Telephone Number
_____		Birthday _____	
Position/Subject		Month	Day Year

SPECIAL INSTRUCTIONS: In accordance with Education Code Section 49406, no applicant shall be initially employed by a school district unless the person has submitted to an examination within the past 60 days to determine if he/she is free of active tuberculosis. This examination consists of an intradermal Mantoux Tuberculin Skin Test which, if positive (10mm or more induration), must be followed by an X-ray of the lungs. Do not repeat the Mantoux Test if you have ever tested positive—have a chest X-ray AND indicate when you tested positive to the Mantoux Test (year or age _____.) **A Tine Test is not acceptable.**

There are no signs of active tuberculosis in the above-named individual as determined by a:

Mantoux Tuberculin Skin Test (5 TU ppd) **Chest X-ray** (only if there is history of a positive Mantoux Test)

Date Given _____ Date Read _____ Date Taken _____

Results _____ mm induration Impression _____

Physician's signature is required.

Results from a chest X-ray must be read and signed by a physician.

Signature of Designee

Degree

State License Number

Signature of Physician

Degree

State License Number

Type or Print Name of Physician

Date Report Signed

Business
Address _____

Street City State Zip

() _____
Area Code Telephone Number

APPLICANT MUST HAND-DELIVER ORIGINAL IN A SEALED ENVELOPE FROM THE EXAMINING PHYSICIAN OR HEALTH PROVIDER TO :

Los Angeles Unified School District
Medical Director
333 S. Beaudry Ave., 14th Floor
Los Angeles, CA 90017
(213) 241-6326

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