

## INSTRUCTIONS FOR STUDENT AIDE PROCESSING

### **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**

<b>9073</b>	<b>RPA:Request for Personnel Action (new version) Can be downloaded from the LAUSD website</b>
8415-10	Student Aide Application
*****	Work permit from school of attendance
W-4	Federal Withholding Allowance Certificate
DE-4	State Withholding Allowance Certificate
8201-15	Name and Address Card
1835A	Warrant Recipient Designation Card
8459-11	Tuberculosis Clearance
8418-4	Medical Consent for Minor Applicant Form
8203-30	Employment Information
8204-7	Oath of Allegiance or Support
I-9	Employment Eligibility Verification-Including List of Acceptable Documents- Attachment A
2856-1	Information Disclosure Release Form
Attachment D	Statement Acknowledging Child Abuse reporting
Attachment A/B	Notice of All Employees-Drug/Alcohol/Tobacco-Free Workplace

<u><b>RATE</b></u>	<u><b>Class Code</b></u>	<u><b>Status</b></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. All new student aides must provide proof of Tuberculin Test or X-rays clearance. Returning students that have not worked for **over a year** must also provide 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.

EMPLOYEE NUMBER \_\_\_\_\_ PRINT PAYROLL NAME \_\_\_\_\_ INITIALS \_\_\_\_\_ LAST NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

HOME ADDRESS NUMBER AND STREET OR RURAL ROUTE \_\_\_\_\_ MARITAL STATUS  
 Single  Married  Head of Household

CITY, OR TOWN STATE AND ZIP CODE \_\_\_\_\_

FORM DE-4 MAR '82

STATE OF CALIFORNIA DEPARTMENT OF BENEFIT PAYMENTS

**EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE**  
*(This certificate is for California income tax withholding purposes only; it will remain in effect until you change it.)*

1. Total number of regular allowances you are claiming. REVERSE SIDE \_\_\_\_\_

2. Total number of allowances for itemized deductions. Each allowance for itemized deductions is to be treated as a \$750 annual reduction of wages subject to California State income tax withholding. (State law requires the District to report allowances which total 15 or more) \_\_\_\_\_ \*

3. If percentage withholding is desired, enter percentage here (must be whole percentage minimum of 2%) \_\_\_\_\_

\* Under the penalties of perjury, I certify that the number of withholding exemptions and allowances claimed on this certificate does not exceed the number to which I am entitled.

(Date) \_\_\_\_\_ 20 \_\_\_\_\_ (Signed) \_\_\_\_\_

M-28479-FR

**EMPLOYEE'S FEDERAL WITHHOLDING ALLOWANCE CERTIFICATE**

1. EMPLOYEE NUMBER \_\_\_\_\_ PRINT PAYROLL NAME \_\_\_\_\_ INITIALS \_\_\_\_\_ LAST NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PRINT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

SCHOOL OR SECTION \_\_\_\_\_ ( ) CERTIFICATED ( ) CHECK HERE IF SUBSTITUTE  
 ( ) NON-CERTIFICATED

3. Marital status - check one (if married but legally separated, or spouse is a nonresident alien, check "Single"). ( ) Single ( ) Married

IF YOU EXPECT TO OWE MORE TAX THAN WILL BE WITHHELD, YOU MAY: CLAIM FEWER ALLOWANCES THAN YOU ARE ENTITLED TO, OR CLAIM ZERO ALLOWANCES AND USE LINE 5 OR USE LINE 5A.

4. Total number of allowances you are claiming (See page 3 of the Worksheet) \_\_\_\_\_

5. Additional amount, if any, you want deducted from each pay period (See Step 4 on page 2 of the Worksheet) \_\_\_\_\_

5A. If percentage withholding is desired in lieu of allowances, enter percentage here (must be whole percentage - minimum of 15%) \_\_\_\_\_

6. I claim exemption from withholding because (Check boxes below that apply):

a. ( ) Last year I did not owe any Federal income tax and had a right to a full refund of ALL income tax withheld, AND

b. ( ) This year I do not expect to owe any Federal income tax and expect to have a right to a full refund of ALL income tax withheld. If both a and b apply, enter the year effective and "EXEMPT" here \_\_\_\_\_ YEAR 20 \_\_\_\_\_

c. If you entered "EXEMPT" on line 6b, are you a full-time student? \_\_\_\_\_ ( ) Yes ( ) No

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

Employee's signature \_\_\_\_\_ Date \_\_\_\_\_ 20 \_\_\_\_\_

CA 328 M-28545-FR

**LOS ANGELES UNIFIED SCHOOL DISTRICT WARRANT(S) RECIPIENT DESIGNATION**

EMPLOYEE NUMBER \_\_\_\_\_ EMPLOYEE'S PAYROLL NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

Under the provisions of Section 53245 of the California Government Code (See Reverse), in the event of my death I hereby designate the following named person to be entitled to receive all warrants payable to me by the Los Angeles Unified School District, had I survived:

Designee's Name in Full \_\_\_\_\_ Relationship \_\_\_\_\_

Designee's Address (Number, Street, City, State and Zip Code) \_\_\_\_\_

This designation cancels and replaces any previously signed by me for this purpose and shall remain in effect until cancelled in writing by me.

It is expressly understood and agreed that the Los Angeles Unified School District is not obligated to deliver said warrants to the person designated hereinabove unless said designated person, within two years after the date of said warrant or warrants, claims said warrants from the Los Angeles Unified School District and provides to said Unified School District sufficient proof of identity pursuant to the provisions of Section 53245 of the California Government Code.

Date \_\_\_\_\_ (over) \_\_\_\_\_ Signature \_\_\_\_\_

\* Sample copy only \*

FORM W-4 REV (7/82)

FORM 60.467 REV. 12/82





**PRINT OR TYPE ALL REQUIRED ENTRIES EXCEPT SIGNATURE FORM WILL NOT BE PROCESSED WITHOUT SIGNATURE**

HEC RAMSEY ENTERPRISES • (323) 756-2108 • (310) 672-1762  
**DO NOT SEPARATE COPIES**  
**RETURN BOTH COPIES OF THIS FORM**  
**TO ADDRESS ON REVERSE SIDE**

EMPLOYEE NUMBER										PAYROLL NAME																			
DATE										SIGNATURE																			
HOME ADDRESS (Official Address)																													
NUMBER AND STREET (or P.O. BOX)																													
CITY																				STATE									
ZIPCODE										COUNTRY					AREA CODE					TELEPHONE NUMBER									

A copy of this form will be returned to you to confirm that your official address has been changed. ADDRESS CARD LAUSPD Form 8201 15 1/03

Send both copies of this form via School Mail to:

**HUMAN RESOURCES**  
**Department M**

Or via U.S. Mail to:

**Los Angeles Unified School District**  
**Human Resources, Dept. M**  
**333 S. Beaudry Ave., 14th Floor**  
**Los Angeles, California 90017**

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

**TUBERCULOSIS CLEARANCE**

<b>APPLICANT MUST COMPLETE</b>		(PLEASE PRINT)	
NAME _____		_____	
Last	First	Middle	Social Security Number
ADDRESS _____		_____	
Street	City	State	Zip
		( )	Telephone Number
		Area Code	
_____		_____	
Position/Subject		Birthday	
		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., 14<sup>th</sup> Floor  
Los Angeles, CA 90017  
(213) 241-6326

FOR OFFICIAL USE ONLY







LOS ANGELES UNIFIED SCHOOL DISTRICT  
Human Resources

**EMPLOYMENT INFORMATION**  
(Please Print)

1. NAME \_\_\_\_\_  
Last First Middle

2. SEX  Male  Female

3. ETHNICITY (check only one.)

4. BIRTHDATE \_\_\_\_\_  
Month Day Year

- American Indian or Alaskan Native (1)
- Asian (2)
- Black, not Hispanic (3)
- Filipino (6)
- Hispanic (4)
- Pacific Islander (7)
- White, not Hispanic (5)

5. SOCIAL SECURITY # \_\_\_\_\_

6. CALIFORNIA DRIVER LICENSE # \_\_\_\_\_

7. CITIZENSHIP:

- I am a citizen of the United States of America.
- I am not a citizen of the United States of America, but by federal law I am eligible for employment.

8. PREVIOUS LOS ANGELES UNIFIED SCHOOL DISTRICT EMPLOYMENT

- I am currently or have previously been employed by the LAUSD in some capacity and issued an employee number.

\_\_\_\_\_  
Job Title Approximate Dates Employee Number

Name while employed if different from #1 above: \_\_\_\_\_

9. RETIREMENT SYSTEMS INFORMATION

A. Indicate below if you are retired and are receiving a retirement allowance from either or both of the retirement systems:

- State Teachers' Retirement System (STRS)
- Public Employees' Retirement System (PERS)

B. If you are not retired but are a member of one or both retirement system(s), check the appropriate box (es):

- I am currently enrolled in STRS, or have funds on deposit with STRS.
- I am currently enrolled in PERS, or have funds on deposit with PERS.

C. I understand that if I am currently receiving a retirement allowance from PERS/STRS and am accepting full time employment, it is my responsibility to rescind my retirement with PERS/STRS.

10. REPORT OF CONVICTIONS/PENDING COURT CASES (Form 6087)

A record of convictions, current arrests and pending court cases does not necessarily disqualify an applicant from employment. However, failure to account on Form 6087 for all convictions and pending criminal court cases will result in disqualification and/or separation from service.

You must request and complete Form 6087 if you have ever been convicted of any violation of law, whether or not you were fined, placed on probation, given a suspended sentence, or forfeited bail, and regardless of any subsequent court dismissal or expungement. You must also report any pending criminal court cases. (Do not include minor traffic violations such as parking or speeding.)

I have a conviction or pending criminal court case to report and hereby request Form 6087.  YES  NO

11. DECLARATION

I declare under penalty of perjury that all the information I have provided on this form is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
Street City, State Zip Code ( ) Area Telephone Number

HUMAN RESOURCES USE ONLY

Document/Notes

Date and Initials

Employment Authorization verified (I-9) \_\_\_\_\_

Department L approval needed if item 10 is Yes \_\_\_\_\_

Employee Number



LOS ANGELES UNIFIED SCHOOL DISTRICT

OATH OF ALLEGIANCE OR SUPPORT

(Required by Section 3 of Article XX of the Constitution of the State of California)

"I \_\_\_\_\_  
Print name: First, Middle, Last

do solemnly swear (or affirm):

(Check appropriate portion following)

(For those who are U.S. Citizens)  
That I am a citizen of the United State of America; that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of United State and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter."

(For those who are not U.S. Citizens)  
That I am not a citizen of the United States of America; that I will support the institutions and policies of the United States of America during the period of my sojourn in the State of California; that I take this obligation freely without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter."

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_,  
at \_\_\_\_\_ Los Angeles \_\_\_\_\_ California  
City State

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature \_\_\_\_\_

Home Address \_\_\_\_\_  
Street and Number  
\_\_\_\_\_  
City State Zip Code



Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE.** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

A citizen or national of the United States

A Lawful Permanent Resident (Alien # A \_\_\_\_\_)

An alien authorized to work until \_\_\_\_/\_\_\_\_/\_\_\_\_ (Alien # or Admission # \_\_\_\_\_)

Employee's Signature \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature _____	Print Name _____
Address (Street Name and Number, City, State, Zip Code) _____	
Date (month/day/year) _____	

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____		____/____/____		____/____/____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____		_____		_____

**CERTIFICATION** - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

Signature of Employer or Authorized Representative _____	Print Name _____	Title _____
Business or Organization Name LOS ANGELES UNIFIED SCHOOL DISTRICT		Date (month/day/year) _____
Address (Street Name and Number, City, State, Zip Code) 333 S. Beaudry Ave., Los Angeles, CA 90017		

**Section 3. Updating and Reverification.** To be completed and signed by employer

A. New Name (if applicable) \_\_\_\_\_ B. Date of rehire (month/day/year) (if applicable) \_\_\_\_\_

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): \_\_\_\_/\_\_\_\_/\_\_\_\_

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_



Los Angeles Unified School District  
Personnel Division – Certificated Recruitment & Selection Section

EMPLOYMENT ELIGIBILITY VERIFICATION

If employed by the District, you must present an original document or documents that establish identity and employment eligibility as required by the Immigration Reform and Control Act of 1986. The Contracting Office and/or Substitute Processing Unit will require you to provide one document from List A or one document from List B and one from List C.

**LISTS OF ACCEPTABLE DOCUMENTS**

LIST A Documents that Establish Both Identity and Employment Eligibility	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Eligibility
<ol style="list-style-type: none"> <li>1. U.S. Passport (unexpired or expired)</li> <li>2. Certificate of U.S. Citizenship (INS Form N-560 or N-561)</li> <li>3. Certificate of Naturalization (INS Form N-550 or N-570)</li> <li>4. Unexpired foreign passport With I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization</li> <li>5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)</li> <li>6. Unexpired Temporary Resident Card (INS Form I-688)</li> <li>7. Unexpired Employment Authorization Card (INS Form I-688A)</li> <li>8. Unexpired Reentry Permit (INS Form I-327)</li> <li>9. Unexpired Refugee Travel Document (INS Form I-571)</li> <li>10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-688B)</li> </ol>	<p style="font-size: 2em; font-weight: bold; margin: 0;">OR</p>	<p style="text-align: center; font-weight: bold; margin: 0;">AND</p> <ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date or birth, sex, height, eye color, and address</li> <li>2. ID card issued by federal, state, or local government agencies or entities provided it contains a photograph or information such as name, date of birth, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card.</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Marine Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> </ol> <p style="margin: 0;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>
	<p style="font-size: 2em; font-weight: bold; margin: 0;">AND</p>	<ol style="list-style-type: none"> <li>1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid or employment)</li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form OS-1350)</li> <li>3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (INS Form I-197)</li> <li>6. ID Card for use of Resident Citizen in the United States (INS Form I-179)</li> <li>7. Unexpired employment authorization document issued by the INS (other than those listed under List A)</li> </ol>

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)





**LOS ANGELES UNIFIED SCHOOL DISTRICT**

**EMPLOYEE CERTIFICATION / ACKNOWLEDGEMENT  
OF LEGAL REQUIREMENTS AND DISTRICT POLICY  
CONCERNING CHILD ABUSE REPORTING**

1. I have been fully informed of my obligation to report suspected child abuse as specified in the Child Abuse and Neglect Reporting Act (*California Penal Code sections 11164 et seq.*) .
2. I have received training on child abuse laws, child abuse reporting procedures and my duties as a mandated reporter.
3. I have been provided with a copy of the Child Abuse Reporting Information Sheet (*Attachment B, Child Abuse and Neglect Requirements Bulletin No. 1347*) which summarizes my child abuse reporting obligations as an LAUSD employee.
4. I understand that reporting suspected child abuse is my individual obligation and that my failure to comply with child abuse reporting laws and/or LAUSD child abuse reporting procedures may subject me to school district disciplinary action, professional, civil and/or criminal liability.
5. I understand that if I observe, or become aware of suspected child abuse by an LAUSD employee, I must report the suspected child abuse **and** I must report the employee's behavior to my supervising administrator in accordance with the procedures set forth in Bulletin No. 1347.
6. I further understand that if, at any time during the course of my employment with LAUSD, I make a report consistent with LAUSD child abuse reporting policy, I will be defended by the LAUSD against any actions or claims that may be made as a result of the report and that the LAUSD will pay all expenses associated with such defense.

I hereby certify that I have knowledge of the child abuse reporting legal mandates and of LAUSD child abuse reporting procedures and that I will comply with them.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
*(Please Print)*

Employee Number: \_\_\_\_\_ Position: \_\_\_\_\_

School / Office Location: \_\_\_\_\_ Date: \_\_\_\_\_

**A COPY OF THIS CERTIFICATION WILL BE RETAINED BY YOUR SCHOOL OR OFFICE ADMINISTRATOR AND WILL BE PLACED IN YOUR PERSONNE**

LOS ANGELES UNIFIED SCHOOL DISTRICT  
Office of the Chief Operating Officer

BULLETIN NO. X-1  
November 8, 2002

ATTACHMENT A

**NOTICE TO ALL EMPLOYEES – DRUG-FREE AND ALCOHOL-FREE  
WORKPLACE**

The federal government has adopted various anti-drug regulations that require employers, including school districts, to take certain measures to ensure that the workplace is free from illicit drugs and alcohol. These regulations are included in the Drug-Free Workplace Act of the Drug-Free Schools and Communities Act Amendments of 1990 and the Title IV Safe and Drug-Free Schools and Communities Act of 1994.

As required by these acts, the Los Angeles Unified School District hereby notifies its employees as follows:

1. The manufacture, sale, distribution, dispensing, possession, or use of illicit drugs and alcohol is prohibited in any and all District workplaces;
2. Violation of paragraph 1 by an employee will result in appropriate administrative or disciplinary action including, but not limited to, written reprimand, suspension, termination, and/or the requirement for satisfactory participation in and completion of a drug and alcohol abuse assistance or rehabilitation program;
3. Employees are required to notify the Employee Relations/Services Section, Human Resources Division at (213) 241-6591, or any criminal drug and alcohol statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction;
4. Within thirty (30) days of receiving the notice required by paragraph 3, the District shall take appropriate administrative or disciplinary action, as specified in paragraph 2.

For further information on the District's drug-free and alcohol-free workplace policy, see Bulletin X-1, Office of the Chief Operating Officer.



PLEASE POST – Do Not Remove

LOS ANGELES UNIFIED SCHOOL DISTRICT  
Office of the Chief Operating Officer

BULLETIN NO. X-1  
November 8, 2002

ATTACHMENT B

**NOTICE TO ALL EMPLOYEES – TOBACCO-FREE SCHOOLS**

The federal and state governments have adopted various anti-tobacco laws that require schools to have adopted and fully implemented tobacco-free environmental policies. These regulations are included in the Federal Goals Law, which took effect in December 1994, and California State Assembly Bill 816, which took effect July 11, 1994.

As required by these laws, the Los Angeles Unified School District hereby notifies its employees as follows:

1. Smoking and the use of all tobacco products shall be prohibited on all District property, including District-owned or leased buildings and in District vehicles at all times by all persons, including employees, students, and visitors at any school or District site or attending any school-sponsored events. In accordance with California Assembly Bill 816 (1994), and the Federal Goals law, the District implemented the Tobacco-Free Workplace policy on January 1, 1995.
2. Violation of paragraph one by any employee will result in appropriate administrative or disciplinary action including, but not limited to, a counseling interview, verbal warning and/or written reprimand.

For further information on the District's tobacco-free workplace policy, see Bulletin X-1, Office of the Chief Operating Officer.

**LOS ANGELES UNIFIED SCHOOL DISTRICT  
INFORMATION DISCLOSURE RELEASE FORM**

This is to inform you that in processing your employment application, the District will contact other agencies to determine your employment eligibility. By signing this document below you are releasing any and all persons, agencies, or others from any liability whatsoever for this purpose. You MUST provide all requested information. Information responses will be used for identification purposes only.

Name \_\_\_\_\_  
(Please Print) Last First Middle

Other Names Used \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

Alien Registration #A \_\_\_\_\_ Driver License Number \_\_\_\_\_ State \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_ Color Eyes \_\_\_\_\_ Color Hair \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Position for which applying \_\_\_\_\_

**REPORT OF CONVICTIONS AND PENDING COURT CASES**

A record of convictions and/or pending court cases does not necessarily disqualify an applicant from employment. However, failure to disclose all prior convictions and/or pending criminal court cases as requested below WILL result in disqualification and/or separation from employment.

**CONVICTIONS**

You MUST complete Form 6087 if you have ever been convicted, fined, placed on probation, given a suspended sentence, or forfeited bail in connection with any violation of law, regardless of any subsequent court dismissal or expungement, with the exception of minor traffic violations such as parking or speeding.

**PENDING COURT CASES**

You MUST complete Form 6087 if you have any pending criminal court cases.

**DO YOU HAVE ANY CONVICTION(S) AND/OR PENDING CRIMINAL COURT CASE(S) TO REPORT ON FORM 6087?**

Yes  No

**DECLARATION**

I declare under penalty of perjury that all the information I have provided on this form is true and correct to the best of my knowledge and belief. I understand that any false or misleading statements or omissions on this form may delay my employment processing or result in my disqualification and/or separation from employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
Street Apt. (\_\_\_\_) \_\_\_\_\_  
Area Code Telephone Number

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**FOR OFFICE USE ONLY**

ORIGINATING OFFICE	ACTION	VERIFIED BY



LOS ANGELES UNIFIED SCHOOL DISTRICT  
Student Health and Human Services

BULLETIN NO. 10  
August 1, 1996

ATTACHMENT K

**STATEMENT ACKNOWLEDGING LEGAL REQUIREMENTS AND  
DISTRICT POLICY CONCERNING CHILD ABUSE REPORTING**

Section 11166. of the California Penal Code applies to certificated employees, health practitioners, school police, and all employees of child care centers. This law also applies to instructional aides, teachers' aides, teachers' assistants, and classified employees who have been trained in the duties imposed by this law and where this training has been warranted to the state. These employees are considered to be mandated reporters. Any one of these specified employees who knows or reasonably suspects that a child has been a victim of a child abuse incident must:

1. REPORT THE INCIDENT TO A CHILD PROTECTIVE AGENCY (LAW ENFORCEMENT – Not School Police\* - OR THE DEPARTMENT OF CHILDREN AND FAMILY SERVICES) IMMEDIATELY BY TELEPHONE, AND
2. SEND A WRITTEN REPORT OF THE INCIDENT TO THE SAME AGENCY WITHIN 36 HOURS OF RECEIVING THE INFORMATION CONCERNING THE INCIDENT

Although the Penal Code obligation to report applies to certain school employees only, IT IS THE POLICY OF THE LOS ANGELES UNIFIED SCHOOL DISTRICT THAT ALL EMPLOYEES SHALL COMPLY WITH THE LAW'S REPORTING PROCEDURES WHENEVER THEY HAVE KNOWLEDGE OF OR OBSERVE A CHILD IN THE COURSE OF THEIR EMPLOYMENT WHO THEY KNOW OR REASONABLY SUSPECT TO HAVE BEEN THE VICTIM OF CHILD ABUSE. Any employee who within the course of his or her employment makes a report consistent with this policy will be defended by the District against any actions or claims that may be made as a result of the report. The District will also pay all expenses associated with such defense. Any failure to comply with this policy may subject an employee to school district disciplinary action and personal, professional, civil, and/or criminal liability.

Your signature below certifies that you have knowledge of the foregoing provisions concerning child abuse reporting and that you will comply with them.

Name \_\_\_\_\_ Signature \_\_\_\_\_  
(Print) Last First

Employee Number \_\_\_\_\_ Position \_\_\_\_\_ Status \_\_\_\_\_

School or Location \_\_\_\_\_ Date \_\_\_\_\_

A COPY OF THIS STATEMENT WILL BECOME A PART OF YOUR PERSONNEL AND WORK LOCATION FILES.

\*Legislation in 1988 has established that school police is not a child protective agency and that reports made to school police are not a means of complying with the law.