

LOS ANGELES UNIFIED SCHOOL DISTRICT  
Human Resources Division

REF-1708.2  
May 12, 2008

ATTACHMENT A

**Application for Committee on Assignments Authorization**

\_\_\_\_\_  
Teacher Name (Please Print)                      Personnel ID Number                      Social Security Number

School: \_\_\_\_\_                      Location Code: \_\_\_\_\_                      Local District: \_\_\_\_\_

Fiscal Year: \_\_\_\_\_                      Status:                       Permanent:                       Probationary:

New request (**original transcripts may be required**)  
Renewal (description of special skills, training or experience **not needed**)

\_\_\_\_\_  
Elective Course Title    Course Code #    # of Periods

\_\_\_\_\_  
Elective Course Title    Course Code #    # of Periods

\_\_\_\_\_  
Teacher's Signature Indicates Consent                      Date    Principal's Signature                      Date

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 documentation or additional information regarding your qualifications should be attached.

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Please return this application and supporting documents to:

Human Resources Division  
Certificated Credentials and Contract Services  
Beaudry Building, 15<sup>th</sup> Floor – Fax Number (213) 241-8413  
Attention: Colleen Mori