



LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE

TITLE: Local District/Division Differential Rosters, Fall 2009
Master Plan For English Learners

NUMBER: REF-3335.4

ISSUER: Vivian K. Ekchian, Chief Human Resources Officer
Human Resources Division

DATE: September 21, 2009

DUE DATE: Friday, November 20, 2009 by 5:00 p.m.

ROUTING

Local District
Superintendents
Local District School
Support Directors
Division Heads

PURPOSE: The purpose of this Reference Guide is to provide information and instructions regarding payments for employees who may be eligible for a Fall 2009 Master Plan Program differential or stipend. Master Plan Program data entered on the roster regarding employee services to identified English learners (EL) in a Waiver to Basic or Dual Language program must be accurate, documented by appropriate staff, and certified by the Administrator. This verified information authorizes differential or stipend payments.

The Los Angeles Unified School District (LAUSD) and United Teachers Los Angeles (UTLA) Collective Bargaining Agreement provides for stipend and differential payments to qualified employees who are serving in Waiver to Basic or Dual Language Programs for English learners.

MAJOR CHANGES: This Reference Guide replaces Human Resources REF-3335.3 of the same subject issued October 27, 2009. This Reference Guide will apply to the Fall 2009 Master Plan Differential Payment cycle and contains information that is date sensitive to assure timely payment.

INSTRUCTIONS: A. Documentation

Administrators are responsible for assuring that instruction or service provided by the employee matches the identified needs of the Waiver to Basic or Dual Language students and for certifying that the information submitted is accurate. Original copies of the completed differential roster, the signed *Certification of Master Plan Program Service For Non-Classroom Personnel* (Attachment A), SIS printouts and supporting documentation are to be forwarded to the Master Plan Verification Unit. Copies of the submitted data need to be maintained with other Master Plan Bilingual Program records at the service and the Local District sites.



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B. Pre-Printed Information on Master Plan Differential and Stipend Roster (Columns A-E)

The Differential and Stipend Roster lists employees assigned to a location who may be eligible for a bilingual differential or stipend.

PLEASE USE BLUE INK to complete items on the differential roster as described below:

Col. A -- * – indicates that the employee was paid a Bilingual, Crosscultural, Language and Academic Development (BCLAD) Certificate, Bilingual Certificate of Competence (BCC) or A-level fluency differential during the period from April 1, 1998 through June 30, 2001.

Col. B -- BIL CRT – indicates the employee holds and has registered BCLAD or BCC certification. The language of the bilingual certification is indicated by a single letter (e.g., K = Korean). Employees with Provisional Internship Permit, Short-Term Staff Permit, Visiting Faculty Permit, District or University Internship Credential, or Exchange Certificated Employee Credential are not eligible for this category.

Col. C -- BIL FLU – indicates the employee has District A-level fluency. Two letters identify the language and the level of fluency (e.g., “SA” reflects Spanish A-level).

Col D-E -- BCC/BCLAD CULT/METH – “Y” indicates the employee has verified passing the culture and/or methodology component(s) of the state-administered BCC or BCLAD examinations.

C. Information to be completed by the Administrator (Columns F-L)

For Non-Classroom Personnel:

Please submit the following:

- A completed and verified *Certification of Master Plan Program Service For Non-Classroom Personnel* (Attachment A) must be submitted. Administrators would have reviewed relevant supporting documentation reflecting services provided in a Waiver to Basic or Dual Language Program by non-school based and itinerant personnel prior to signing the form.
- Logs, records and supporting documentation that reflect the nature and extent of services provided to Waiver to Basic or Dual Language students and/or parents and which require utilization of the student’s primary language.



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- Supporting documentation must be submitted with the certification form.

Documentation to verify appropriate service to students and/or parents may include, but it is not limited to, current daily service logs, detailed contact forms, accurate summary reports, etc. Services that do not require utilization of the student’s primary language are not considered for purposes of these payments. Such records must reflect all of the following:

- nature of services provided
- primary language of the EL persons in a Waiver to Basic or Dual Language program served
- Master Plan Program to which identified EL students are assigned (Include only those assigned to a Waiver to Basic or Dual Language program.)
- the amount of work time the employee utilized primary language to provide students/parents the services stated.

If no employee is eligible or participating in a Waiver to Basic or Dual Language Program, check the box below the grid, then sign, date, and return the roster.

If any of the listed employees are not utilizing their language qualification to provide requisite service to identified EL students in a Waiver to Basic or Dual Language Program, enter N/A in Column L, and leave Columns F through K blank.

Col. F -- POSITION – Enter the code that describes the employee's position:

<u>Code</u>	<u>Position</u>	<u>Code</u>	<u>Position</u>
ADV	– Teacher Adviser	PSW	– Psychiatric Social Worker
AUD	– Audiometrist	PSYCH	– Psychologist
COUNS	– Counselor	PSA	– PSA Counselor
NURSE	– School Nurse	SPED	– Special Education

Col. G -- MP PROG BEG DATE – Enter the beginning date (month/day/year) of the employee's assignment serving identified EL students in a Waiver to Basic or Dual Language Program for the current semester (e.g., 01-07-08).



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Fall 2009 Semester

<u>TRK</u>	<u>4 TRK (90/30)</u>	<u>3 TRK (CON-6)</u>	<u>1 TRK (SINGLE)</u>
A	8-18-09	8-31-09	9-09-09
B	7-06-09	7-01-09	---
C	7-06-09	7-01-09	---
D	7-06-09	---	---

For any employee who started after the beginning of the semester, enter the actual date (month/day/year) of the first day worked in a Waiver to Basic or Dual Language assignment for the current semester.

Col. H -- MP PROG END DATE – Leave blank, unless an eligible employee is no longer participating in a Master Plan Program or has left your location, at which point, enter the actual date (month/day/year) of the last day worked.

Col. I – EL/LEP LANG – Enter the primary language of the identified EL students served, using only one of the language codes listed below:

- | | | |
|---------------|--------------|--|
| A = Armenian | J = Japanese | S = Spanish |
| C = Cantonese | K = Korean | V = Vietnamese |
| D = Mandarin | P = Pilipino | X = Other language not listed, or two or more languages in one class |
| F = Farsi | R = Russian | |

Col. J -- PCT PRI LANG – Enter the percentage of time the employee provides appropriate direct services to identified EL students in a Waiver to Basic or Dual Language Program using the primary language of those students.

Col. K -- PCT PHBAO/CAP REC – Enter the percentage of the total assignment that the employee personally provides appropriate primary language services to identified EL students in a Waiver to Basic or Dual Language Program, and attend PHBAO or CAP-LEP receiving schools.

Col. L -- Comments – Other relevant information is to be entered, which may be important to accurately process the employees on your roster, including but not limited to, the following:

N/A – if not participating in a Master Plan Program or is not providing requisite services to identified EL students in a Waiver to Basic or Dual Language Program, in PHBAO/CAP-LEP schools.



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On Leave – if on leave of absence during the current semester; note pertinent beginning and ending dates and include front and back copy of the employee’s sign-in card.

P/T – if working less than full time at your location; list total hours worked per pay period at your location and the full time equivalent of the position (e.g., PT 60/120; PT 80/160).

TR to/from: “location name” – if having transferred to or from another location during the current semester (include pertinent dates in Columns G and H).

Resigned/Retired – resigned or retired; in Column H, note the date for the last day worked.

Also At: “location name” – if serving at two or more locations (list the other work locations).

Recent Name Change – if having recently worked under a different name; include the previous name(s) used.

NOTE: For each itinerant or support service employee under your supervision, indicate the school(s) and the number of days or half-days per week served at each location. If there is insufficient space in Column L, attach a list.

D. Adding Employees to the Roster

The blank roster included with your packet may be duplicated to add an employee paid at your location who may be eligible for a Master Plan Program differential and/or stipend. Be sure to include the correct payroll name and employee number. Employees who have become ineligible for further payment at this time do not need to be included.

Employees With New Qualifications. Information is entered as described in Section C, titled “Information to be completed by the Administrator.” Attach verification of new qualifications, including: registered bilingual certification, District A-level fluency, and/or BCLAD components passed.



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Employees Who Are New or Have Changed Assignment. Information is entered for employees who participated in a Waiver to Basic or Dual Language Program for only part of this semester (e.g., newly assigned, returned from leave). Be sure to include the actual beginning and/or ending dates of their Master Plan Program assignment in Columns G and H. A photocopy of the front and back of the employee's sign-in card is to be included when submitting the information.

E. Absences

After ten (10) days of absence, differentials will continue to be reduced proportionately. However, days during which the employee has been absent due to participation in a District mandated professional development will not count as absences for the purpose of this calculation.

F. Due Date

All rosters and certification forms will be used in processing payroll action and must be signed by the Administrator. Completed rosters, and *Certification of Master Plan Program Service For Non-Classroom Personnel* (Attachment A), are due as noted below:

DUE: Friday, November 20, 2009 by 5:00 p.m.

TO: Human Resources Division
Master Plan Verification
Beaudry Building – 15th Floor

Faxes are not accepted.

RELATED RESOURCES:

Human Resources BUL-3802.2, "Master Plan Salary Differentials and Incentive Stipends," dated August 10, 2009, provides general qualifications, service requirements, and rates for eligible teachers. This bulletin is available on the District website at www.lausd.net at Inside LAUSD.

ASSISTANCE:

For assistance or information please visit www.teachinla.com/mpvu or contact Master Plan Verification at (213) 241-5862. Inquiries may also be sent to Human Resources Division, Master Plan Verification by e-mail at mpvu@lausd.k12.ca.us.

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Human Resources Division

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ATTACHMENT A

Certification of Master Plan Program Service For Non-Classroom Personnel

The following employee has served in a Waiver to Basic or Dual Language Program at this site. I have reviewed all supporting documentation including related logs, files and data, which include official student and staff rosters. I verify that the actual time this employee provided Master Plan Program services to the eligible students meets the requirements set forth in Human Resources BUL- 3802.2 entitled, "Master Plan Salary Differentials and Incentive Stipends," dated August 10, 2009.

I understand that a copy of this documentation is to be kept on file at this location with other Master Plan Program records. Supporting documentation must be submitted to Human Resources Division, Master Plan Verification along with this certification form.

School/Office:		Location Code:	
Local District:	School Calendar:	YRS Track:	
Employee Name:			
(Please Print)	First	Middle	Last
Employee No:		Employee Position:	
Administrator's Name:			
(Please Print)	First	Middle	Last

Administrator's Signature: _____ Date _____
(Please Sign Using Blue Ink)

NOTE: Only one employee per form with authorized signature on each form.

Staff, including Coordinators may not sign or certify staff for purposes of payment and service on behalf of the Administrator.

Submit original form with the Fall 2009 Master Plan Differential and Stipend Roster.
Retain a copy of all documents at the school/local district/division service site.

MAIL TO: Human Resources Division, Master Plan Verification
Beaudry Building, 15th Floor

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