



LAUSD EMPLOYEE FORM – ALL FIELDS MUST BE COMPLETED IN ORDER TO PROCESS.

Name (Last): _____ (First): _____ (Middle Initial): _____
 Employee #: _____ **LAUSD e-mail ACCOUNT REQUIRED:** _____
 Position: _____ Telephone: () _____ Fax: () _____
 School/Office (list all assigned schools): _____
 Location Code(s): _____

Transportation Access: Yes, include access to the Transportation Module Remove Access to the Transportation Module

NEW USERS COMPLETE THIS SECTION: (Check One)

<input type="checkbox"/> Administrator	<i>Principal, Assistant Principal, APEIS, APSCS, etc.</i>
<input type="checkbox"/> Administrator/Designee	<i>Counselor, Dean, or other Administrative Designee</i>
<input type="checkbox"/> Bridge Coordinator	<i>Secondary Only</i>
<input type="checkbox"/> SDP IEP Case Manager	<i>Special Day Program Teacher or Transition Service Facilitator (TSF) with manager access</i>
<input type="checkbox"/> SDP IEP Participant	<i>Special Day Program Teacher with participant access</i>
<input type="checkbox"/> RSP IEP Case Manager	<i>Resource Specialist Teacher (RST) with manager access</i>
<input type="checkbox"/> RSP IEP Participant	<i>Resource specialist Teacher (RST) with participant access</i>
<input type="checkbox"/> Other IEP Access	<input type="checkbox"/> HCA <input type="checkbox"/> Special Ed Clerk <input type="checkbox"/> Central/Local Dist Classified <input type="checkbox"/> Other _____
<input type="checkbox"/> DIS/Related Service Provider (Including Nurse, Psychologist, etc.) Professional License Information: Type _____ License # _____ Expiration Date _____	
Required (Please Print): Related Service Immediate Supervisor: _____ (This person will assign you to all your locations)	
<input type="checkbox"/> Central/Local District Certificated	Specify: <input type="checkbox"/> All Districts or Local Districts: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8

REQUIRED SIGNATURES

I UNDERSTAND THAT I HAVE ACCESS TO CONFIDENTIAL STUDENT RECORDS AND I CANNOT DISCUSS OR SHARE THESE RECORDS WITH UNAUTHORIZED PERSONNEL.

Agreed: _____
 (Print) User's Name Signature Title Date

Approved: _____
 (Print) Administrator/Immediate Supervisor's Name Signature Title Date

CHANGE/DELETE the ACCOUNT

Change of Location: (Previous Special Ed Administrator's name is required for reassignment of your RSP Service Records.
 *Remove Location _____ Previous Sp Ed Amir _____
 Add access to Location(s): _____
 Change Title/Role From: _____ To: _____
 No longer an Employee (*Inactivate User*)

Approved: _____
 (Print) Administrator/Immediate Supervisor's Name Signature Title Date

TRAINING & SUPPORT

- ◆ For Welligent training, sign up through the Learning Zone by logging onto lz.lausd.net with your Single Sign-on account.
 - ◆ If you need an e-mail account or forgot your e-mail password call the ITD Helpdesk at (213) 241-5200.
- Questions? Call the Welligent Support Section at (213)241-4174.*

FAX TO (213) 241-8455