LOS ANGELES UNIFIED SCHOOL DISTRICT
MEMORANDUM

INTERSESSION TEACHER APPLICATION

FOR PRINCIPAL USE:
Selection Priority Assigned: _____
Seniority Date: _____
☐ Date Assigned _____
☐ Position Filled/App. Forwarded
Date _____

Please fill in this application completely. Indicate "N/A" if not applicable. Print in ink or type all information.

1. _____ _____ _____ _____
Payroll Name (Last) (First) (Middle) LAUSD Employee No.

2. _____ _____ _____ _____
Address (Street) (City) (State) (Zip Code)

3. Home Telephone ( ) _____ Work Telephone (_____) _____

4. _____ _____
E-mail Address Cell Phone

5. _____ _____
Present Position Grade Level/Subject

6. _____ _____
Present School or Office District

7. Please list any special credentials, or specialized and intensive training you have in the area of literacy and/or Math intervention.

_____

_____

8. I received an overall evaluation marked "below" for the 2006-2007 & 2007-2008 school years ☐ Yes ☐ No
I have received a Notice of Unsatisfactory Service or Act(s) ☐ Yes If yes indicate year issued ____ ☐ No

9. Authorization: (Circle all that apply)

☐ **BCLAD/BCC** ☐ **CLAD/LDS** ☐ **SB 1969**

Language _____

Middle School assignments are 4 weeks for a total of 80 hours, no split assignments.

If selected for this assignment, I agree to complete the Intersession assignment and any required training.

_____ _____ _____ _____
Teacher's Signature **Date** **Principal's Signature** **Date**