

**LOS ANGELES UNIFIED SCHOOL DISTRICT - CLASSIFIED EMPLOYMENT SERVICES**

**REQUEST FOR REINSTATEMENT FORM**

A PERMANENT CLASSIFIED EMPLOYEE WHO RESIGNED IN GOOD STANDING MAY REQUEST TO BE REINSTATED, WITHIN 39 MONTHS FROM THE LAST DAY OF PAID SERVICE. THE REQUEST REQUIRES THE APPROVAL OF THE DIVISION/BRANCH ADMINISTRATOR UNDER WHICH THE EMPLOYEE FORMERLY WORKED, THE EMPLOYEE RELATIONS UNIT, AND CLASSIFIED EMPLOYMENT SERVICES.

**INSTRUCTIONS:** COMPLETE SECTION I (BELOW). YOU MUST ALSO COMPLETE PC FORM 5404, STATEMENT OF AVAILABILITY FOR EMPLOYMENT, AND FORM 6087, REPORT OF CONVICTIONS, PENDING COURT CASES. MAIL THE COMPLETED FORMS DIRECTLY TO:

LOS ANGELES UNIFIED SCHOOL DISTRICT  
CLASSIFIED EMPLOYMENT SERVICES, P.O. BOX 513307  
(333 S. BEAUDRY AVE - 12<sup>TH</sup> FLOOR), LOS ANGELES, CALIFORNIA 90051-1307

**SECTION I - TO BE COMPLETED BY EMPLOYEE**

I REQUEST TO BE REINSTATED AS A (JOB CLASSIFICATION) :

NAME: LAST	FIRST	MIDDLE	PERSON ID/ EMPLOYEE NO.	SOCIAL SECURITY NO.
STREET ADDRESS		CITY/STATE	ZIP CODE	TELEPHONE NUMBER
RESIGNATION DATE	LAST WORK LOCATION			

WERE YOU ON AN ELIGIBILITY LIST WHEN YOU RESIGNED? \* NO \* YES

PLEASE READ THE STATEMENT BELOW. YOUR SIGNATURE INDICATES THAT YOU UNDERSTAND THAT REINSTATEMENT IS A PRIVILEGE, NOT A RIGHT, AND NEITHER APPROVAL NOR EMPLOYMENT IS GUARANTEED.  
IF YOUR REQUEST IS APPROVED, YOU WILL BE REINSTATED PRIOR TO THE 39 MONTH EXPIRATION PERIOD. AN APPROVAL MEANS ONLY THAT YOU WILL BE ELIGIBLE TO BE INTERVIEWED FOR VACANCIES THAT OCCUR IN THE AREA(S) YOU HAVE INDICATED AVAILABLE. IF THE REQUEST FOR REINSTATEMENT IS DENIED, IT CANNOT BE APPEALED. YOU MUST REPORT ALL CONVICTIONS, CURRENT ARRESTS AND PENDING COURT CASES ON FORM 6087 IF YOU HAVE EVER BEEN CONVICTED OF ANY VIOLATION OF CRIMINAL LAW, WHETHER OR NOT YOU ARE FINED, PLACED ON PROBATION, GIVEN A SUSPENDED SENTENCE, OR FORFEITED BAIL, AND REGARDLESS OF ANY SUBSEQUENT COURT DISMISSAL OR EXPUNGEMENT. WHILE A RECORD OF CONVICTIONS, CURRENT ARRESTS AND PENDING COURT CASES IS NOT NECESSARILY DISQUALIFYING, FAILURE TO REPORT THEM WILL RESULT IN DISQUALIFICATION OR DISMISSAL

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

**SECTION II - ADMINISTRATIVE APPROVAL**

THIS REQUEST MAY ONLY BE APPROVED BY THE DIVISION ADMINISTRATOR. AN APPROVAL INDICATES YOU ARE WILLING TO REHIRE THE EMPLOYEE IN YOUR DISTRICT OR OFFICE. CONSIDER THE INFORMATION PROVIDED CAREFULLY AND PLEASE CALL CLASSIFIED EMPLOYMENT SERVICES AT (213) 241-6300 IF YOU NEED FURTHER INFORMATION OR CLARIFICATION.

BASED ON THE INFORMATION I HAVE BEEN PROVIDED REGARDING THE EMPLOYEE'S WORK HISTORY BY THE FORMER WORK LOCATION AND THE CLASSIFIED EMPLOYMENT TRANSACTION SERVICES BRANCH, I RECOMMEND THE REQUEST BE:

[ ] APPROVED FOR REGULAR AND SUBSTITUTE STATUS    [ ] APPROVED FOR SUBSTITUTE STATUS ONLY    [ ] NOT APPROVED

SIGNATURE OF: DIVISION/BRANCH/ESC ADMINISTRATOR \_\_\_\_\_ DATE \_\_\_\_\_

**SECTION III - EMPLOYEE RELATIONS UNIT APPROVAL**

- |  |                         |                            |
|--|-------------------------|----------------------------|
| 1. DOES THE EMPLOYEE MEET THE DISTRICT CONVICTION STANDARDS? | [ ] YES                 | [ ] NO                     |
| 2. DID THE EMPLOYEE RESIGN WHILE IN GOOD STANDING?           | [ ] YES                 | [ ] NO                     |
| 3. DOES THIS PERSON NEED TO BE FINGERPRINTED IF REHired?     | [ ] YES<br>[ ] APPROVED | [ ] NO<br>[ ] NOT APPROVED |

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

**SECTION IV - DO NOT WRITE BELOW THIS ONE - OFFICE USE ONLY**

CLASSIFICATION FROM WHICH RESIGNED: \_\_\_\_\_ RESIGNATION DATE: \_\_\_\_\_

- |  |         |        |
|--|---------|--------|
| 1. WAS THE EMPLOYEE PERMANENT AT THE TIME HE/SHE RESIGNED:   | [ ] YES | [ ] NO |
| 2. HAS IT BEEN LESS THAN 39 MONTHS SINCE THE LAST DAY OF PAID SERVICE<br>NOTE: THE LAST DAY OF PAID SERVICE IS NOT NECESSARILY THE RESIGNATION DATE.<br>LAST DATE OF PAID SERVICE     /     /<br>WAS _____ | [ ] YES | [ ] NO |
| 3. IF THE REQUEST IS TO A RELATED LOWER CLASSIFICATION, DOES HE OR SHE QUALIFY?  | [ ] YES | [ ] NO |
| 4. DID THE EMPLOYEE RESIGN WHILE IN GOOD STANDING?   | [ ] YES | [ ] NO |

[ ] APPROVED FOR REGULAR AND SUBSTITUTE STATUS    [ ] APPROVED FOR SUBSTITUTE STATUS ONLY    [ ] NOT APPROVED

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

**INSTRUCTIONS FOR CLASSIFIED EMPLOYMENT SERVICES STAFF**

APPROVED FOR CLASS (ES) \_\_\_\_\_ ELIGIBILITY EXPIRES: / /  
APPROVED FOR CLASS (ES) \_\_\_\_\_ ELIGIBILITY EXPIRES: / /  
OTHER \_\_\_\_\_

PC FORM 5126 (REV. 10/2013)



**LOS ANGELES UNIFIED SCHOOL DISTRICT  
PERSONNEL COMMISSION**

**Statement of Availability for Employment**

\_\_\_\_\_

Job Title

\_\_\_\_\_ - - \_\_\_\_\_

Last Name First Name MI Social Security Number

\_\_\_\_\_

Home Address: Number & Street City & State Zip Code

( ) - \_\_\_\_\_ ( ) - \_\_\_\_\_

Telephone: Home Business

**1. IF OFFERED EMPLOYMENT, HOW SOON COULD YOU REPORT TO WORK?**

- ( \* ) I can report to work any time.
- ( \* ) I will need ( \* ) one ( \* ) two weeks time before I can report to work.
- ( \* ) I am **NOT** currently available for employment; however,
  - ( \* ) I will be available on / /
  - ( \* ) I will notify you when I become available.

**2. YOU WILL BE CONSIDERED ONLY FOR THOSE JOB ASSIGNMENTS WHICH MEET THE CONDITIONS YOU**

**INDICATE BELOW. Please check all conditions you will accept.**

Number of months of work each year: ( \* ) 12 ( \* ) 11 ( \* ) 10 ( \* ) 9  
Number of hours of work each day: ( \* ) 8 ( \* ) 4 to 6 ( \* ) 3

**Shifts:** ( \* ) Days ( \* ) Evening begin between 1:00 p.m. – 3:00 p.m. ( \* ) Nights

**Temporary work:** ( \* ) Only if 20 days or more ( \* ) One or more days

**Location:** Refer to the **ASSIGNMENT AREA MAP**. Check each assignment area below in which you would be willing to work. You will only be considered for jobs in the area(s) you check.

assignment

<b>Assignment Areas</b>	<b>1 *</b>	<b>2 *</b>	<b>3 *</b>	<b>4 *</b>	<b>5 *</b>	<b>6 *</b>	<b>7 *</b>	<b>8 *</b>	<b>All Areas *</b>
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**PLEASE CHECK ALL THAT APPLY:**

**3.** ( \* ) As a result of a disabling condition, I can accept only certain types of assignments. (Describe on the back of this form any accommodation that you require.)

**4.** ( \* ) I am fluent \_\_\_\_\_ in Foreign language (other than English) or sign language

I passed the LAUSD test in that language for:  
( \* ) speaking only ( \* ) speaking, reading, and writing ( \* ) signing



OFFICE USE ONLY		
Action	Date	Authorized

I have listed all my convictions and/or court cases and certify that the above is true and correct. My signature below authorizes a District representative to obtain information/documentation concerning my criminal history.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE