

LOS ANGELES UNIFIED SCHOOL DISTRICT
Human Resources

REF-2057.2
July 2, 2007

ATTACHMENT G

SUPPORT PROVIDER MATCH-UP FORM 2007 -08

Please provide one of the following abbreviations:
Subject Matter Prep. (SMP),
District Intern (DI),
District Intern Induction (DI),
LAUSD BTSA (LAUSD)

SCHOOL NAME _____ LOCAL DISTRICT _____ SCHOOL PHONE _____
SCHOOL CONTACT PERSON _____ FAX NO. _____
E-mail _____

SUPPORT PROVIDERS

Support Provider's Name _____
Employee # _____ Home Phone () _____
Home Address _____
City/Zip Code _____
ACTIVATION DATE _____ *Mark one:* Roll-Over for 07-08
 SP chooses not to return for 07-08
Check if NBC Teacher NBC _____
Support Provider's Name _____
Employee # _____ Home Phone () _____
Home Address _____
City/Zip Code _____
ACTIVATION DATE _____ *Mark one:* Roll-Over for 07-08
 SP chooses not to return 07-08
Check if NBC Teacher NBC _____
Support Provider's Name _____
Employee # _____ Home Phone () _____
Home Address _____
City/Zip Code _____
ACTIVATION DATE _____ *Mark one:* Roll-Over for 07-08
 SP chooses not to return 07-08
Check if NBC Teacher NBC _____

QUALIFYING TEACHER	EMP. #	STATUS	SP PROG.
Name			
Name			

QUALIFYING TEACHER	EMP. #	STATUS	SP PROG.
Name			
Name			

QUALIFYING TEACHER	EMP. #	STATUS	SP PROG.
Name			
Name			

APPROVED:

Site Administrator _____ Date _____
Selection Committee Co-Chair _____ Date _____

Please return to: Teacher Support Unit, Harbor Bldg., Room 335
Single Track, Track A - October 11, 2007
Tracks B, C, D - August 24, 2007