

Name	Last	First	Middle	Employee Number
Address	Number	Street	City	Zip
				Home Telephone
Position/Classification				Status
Division, Branch, Section, School				Date Started This Location
Working Location				Extention
Person to be notified in emergency				Relationship
Address	Number	Street	City	Zip
				Telephone Number
In emergency do you wish your religious advisor called?				Telephone Number
YES <input type="checkbox"/> NO <input type="checkbox"/> Name:				
Physician name (for emergency use)				Telephone Number
Health Plan and/or representative (for emergency use)				Telephone Number
LOS ANGELES UNIFIED SCHOOL DISTRICT EMPLOYEE PERSONNEL RECORD (Over)				Date Prepared
FORM 34-AEH-16 STK. NO. 9661214221 REV. 1/94				

SEPARATION INFORMATION

Resigned Transferred Promoted Retired Terminated

Date of Action New Location

Remarks _____



PERSONNEL COMMISSION

www.oetraining.net
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