



Application for Certificate Differential

Send this application with attached verifications to:
Los Angeles Community College District
770 Wilshire Boulevard, HR-SES Unit
Los Angeles, CA 90017

Print

Name _____
Last
First
Middle
Employee No. _____

Address/P.O. Box _____
City
State
Zip Code
Telephone No. _____

College assigned _____ Subject area assigned _____

- See Personnel Guide B308 at http://www.laccd.edu/personnel_guides/numerical_index.htm
- See Board Rule 10535 at http://www.laccd.edu/board_rules/documents/Chapter%20X/Ch.%20X/Ch.%20X%20-%20Article%20VI.doc
AFT College Faculty Guild contract Appendix A—A a. to b.

- I certify that I have, and have attached the following verifications:
 - A certificate issued by State Department of Professional and Vocational (one of the authorized entities listed on PG B308)
 Name of Entity _____
 Date of original issuance and number _____
 Expiration of date of current registration _____

OR
 - Have been admitted to the State Bar of California
 Date admitted and membership number _____
- I have completed satisfactorily **70 or more semester units of upper division or graduate study** ABOVE MINIMUM requirements as defined in Board Rule 10535.14.
 Transcripts must be submitted for any course work for which point credit has not been granted if needed to meet this requirement.
- I am either assigned or available for service in the area of my certificate.
 Yes No

FOR OFFICE USE ONLY

Name of Certificate _____

Upper Division _____

Graduate Study _____

Total _____

Approved

Denied

By _____

Date _____

Effective Date _____

Email Home Address

Copy Sent _____

Signature _____ Date

Email Address