Los Angeles Community College District
Human Resources Division

C247

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.

1. I certify that I have, and have attached the following verifications:
   a. ☐ 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

   b. ☐ Have been admitted to the State Bar of California
      Date admitted and membership number _____
2. 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.
3. 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

Any protest of this allowance must be made within 3 months from the date filled