



Division of School Financial Services Certification Section

Los Angeles County Schools Employment Authorization for Retirant

Read "Instructions for Completion" on reverse

Section I - To be completed by retirant

Form with fields: CREDENTIAL NAME (LAST, FIRST, MIDDLE INITIAL, MAIDEN), SOCIAL SECURITY NUMBER, DATE OF RETIREMENT, DATE OF LAST EMPLOYMENT, DISTRICT AND COUNTY RETIRED FROM, HAVE YOU BEEN EMPLOYED IN CALIFORNIA PUBLIC SCHOOLS SINCE RETIREMENT?, IF "YES," WHAT WAS DATE OF LAST EMPLOYMENT AS A RETIRANT?

Section II

A. Certification of Freedom from Contagious or Infectious Disease - To be completed by physician

Form with fields: NAME OF RETIRANT, DATE OF BIRTH, COMPLETE ADDRESS OF RETIRANT (NUMBER, STREET, CITY, STATE, ZIP CODE)

I hereby certify that: (1) I am licensed to practice as a physician and surgeon in the State of California; (2) on the date shown below I examined the above named person and found him/her to be free from any contagious or infectious disease, including freedom from active tuberculosis.*

Form with fields: DATE OF EXAMINATION, TYPE OR PRINT NAME OF PHYSICIAN, BUSINESS ADDRESS OF PHYSICIAN, SIGNATURE OF PHYSICIAN

* Important - A notice from a public health agency or unit of the Tuberculosis Association may be substituted for only that part of the statement relating to tuberculosis.

B. Authorization - To be completed by retirant

I hereby authorize the above named physician to release to the State Board of Education, County Superintendent of Schools, the governing board of a school district to which I have applied for employment, and representatives of any of them, any and all information regarding findings of being free from any contagious or infectious disease, including freedom from active tuberculosis per Education Code 44839.5(a).

Form with fields: SIGNATURE OF RETIRANT, DATE SIGNED

Section III - To be completed by employing school district

Form with fields: NAME OF SCHOOL DISTRICT, DISTRICT NUMBER, EMPLOYEE RETIRED FROM LOS ANGELES UNIFIED, LOS ANGELES COMMUNITY COLLEGE, OR A COUNTY OTHER THAN LOS ANGELES, DATE SERVICE WILL BEGIN (SERVICE MAY NOT BE RENDERED PRIOR TO THE DATE OF PHYSICIAN'S CERTIFICATE (SECTION II-A)), VERIFIED RETIREMENT DATE

Form with fields: SIGNATURE OF AUTHORIZED DISTRICT OFFICIAL, DATE SIGNED

FOR COUNTY OFFICE USE ONLY EMPLOYMENT AUTHORIZATION VALID BEGINNING APPROVED CERT

Instructions for Completion of Los Angeles County Schools Employment Authorization for Retirant

Note to Retirant

1. Complete Section I and the bottom portion of Section II where indicated.
2. Your physician must complete the top portion of Section II.
3. Your initial employment following retirement cannot commence prior to the date your physician has signed the "Certification of Freedom from Contagious or Infectious Disease" in Section II of this form, or the effective date of your retirement, whichever is later. Complete this form in duplicate and return both copies to the school district. **DO NOT SEND TO THE COUNTY SCHOOLS OFFICE.**
4. E.C. 44839.5 states that your medical examination required for initial employment as a retirant shall be at the retirant's expense and shall be conducted not more than six months before completion and submission of the certificate in Section II of this form.
5. A school district or county superintendent of schools which initially employed a retirant, or subsequently employs a retirant, may require a periodic medical examination to determine that the retirant is free from communicable disease. The periodic medical examination shall be at the expense of the school district or county superintendent.

Note to Employing School District

1. Complete Section III of this form.
2. A retired Teacher Employment Authorization form must be filed with the Los Angeles County Office of Education by the school district employing a teacher after his/her retirement. This form is also required on initial employment of a retirant as a consultant or independent contractor if earnings are paid on a salary warrant.
3. The initial district will be sent Verification of Registration with the approved authorization copy.
4. In Section I, if the teacher indicated he/she has been employed in the public school system since retirement, it is not necessary to file a Retired Teachers Employment Authorization. After the initial Retired Teacher Employment Authorization has been filed, districts subsequently employing the retirant may send Verification of Registration card requests to the Credentials Section of the Division of School Financial Services at the County Office.
5. See Item #5 listed under "Note to Retirant."