

LAUSD EMPLOYEE FORM – ALL REQUIRED (*) FIELDS MUST BE COMPLETED IN ORDER TO PROCESS

*Name (Last)			*(First)		(IV	liddle Initial)
*Employee #			*LAUSD E-I	Mail Account		
*Position		<u>, </u>	*Primary Pl	none	Alternate Phon	e
*School/Office (all assigned schools)						
*Location Code(s)						
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	<u> </u>	or school staff roles, t	ірріу ат	t <u>https://oneaccess.lausd.net</u> Required: Immediate Supervisor:		
	Central Access			Required. Infinediate Supervisor.		
	Title:					
	Nurse (School, LVN, etc.)			Print Name		
				Required: Immediate Supervisor:		
	Provider Type:		Print Name (This person will assign you to all your locations)			
	DIS/Related Service Provider (APE, LAS, Psychologist, etc.)		Required: Immediate Supervisor:			
	Drovider Type:				_	
	Provider Type:			Print Name (This person will assign you to all your locations)		
REQUIRED SIGNATURES: Your application will be rejected if <u>either</u> signature below are missing						
I understand that I have access to confidential student records and I cannot discuss or share these records with unauthorized personnel.						
★Agreed:						
		(Print) User's Name	Signati	ure	Title	Date
∠ *Approved:						
		(Print) User's Name	Signature		Title	Date
CHANGE/DELETE EXISTING ACCOUNT						
Ш	Remove Location(s):					
	•	ocation: From: To:				
	Change Title/F	nange Title/Role: From: To:				
	No longer an Employee (Inactivate User)					
Approved:						
		(Print) User's Name	Signatur	е	Title	Date

TRAINING AND SUPPORT

For Welligent training, sign up through MyPLN by logging into https://achieve.lausd.net/mypln with your Single Sign-On account. If you need an e-mail account or forgot your e-mail password call the ITD Helpdesk at (213) 241-5200 option 2.

Questions? Call the Welligent Support Section at (213)241-5200 option 8.

Attach this form to an online ticket for Welligent Support at: https://lausd-myit.onbmc.com