



LOS ANGELES UNIFIED SCHOOL DISTRICT
REFERENCE GUIDE

TITLE: Support Provider Program Duties and Responsibilities Verification

NUMBER: REF-4246

ISSUER: Maria Wale, Assistant Superintendent
Professional Learning, Development & Leadership

DATE: May 16, 2008

PURPOSE: The purpose of this Reference Guide is to provide information about the process and procedures to be used to verify the performance of duties and responsibilities by support providers. Programs that fund support providers are: (1) Subject Matter Preparation (formerly known as Pre-Intern), (2) District Intern, (3) District Intern BTSA Induction, and (4) LAUSD BTSA Induction Programs.

MAJOR CHANGES: This reference guide replaces Human Resources Reference Guide No. REF-2547.2 of the same subject issued May 7, 2007. Changes reflect the new due dates.

INSTRUCTIONS: Verification of duties and responsibilities performed by support providers must be submitted once per semester (Attachment A). Submission of this form verifies that support providers have or have not submitted monthly logs to determine eligibility for payment of their stipend. Payments will be made on **July 3, 2008**.

Please provide the requested information by **Tuesday, June 3, 2008**. Note that differentials will not be released until this information is provided to the Teacher Support Unit. Late returns will result in delayed payments of differentials. Under no circumstances will anyone be paid if these forms are not received by Friday, June 27, 2008. As part of school audits, auditors check to verify that support providers, who are paid differentials, have monthly logs certified by their principals and that the logs remain on file at the school site for three years.

RELATED RESOURCES: Additional information is available regarding the Support Provider Program in Reference Guide 2057.1

ASSISTANCE: For assistance or further information, please contact Mary H. Lewis, Administrator, Teacher Development and Support Branch at (323) 932-2055 or at mary.lewis@lausd.net. You may also contact Peggy Taylor Presley, Director, Teacher Support Unit at (323) 932-4690 or at peggy.presley@lausd.net

ROUTING

All Schools
Local District
Superintendents
Local District School
Support Directors
Principals
UTLA Chapter Chairs
Certificated Staff



**LOS ANGELES UNIFIED SCHOOL DISTRICT
REFERENCE GUIDE**

REF-4246
May 16, 2008

ATTACHMENT A

REQUIRES IMMEDIATE RESPONSE

DUE: Tuesday, June 3, 2008

Return to: Teacher Support Unit, Harbor Building, Room 335
or by FAX (323) 932-4681 NOTE: if this form is faxed, it is the
responsibility of the sender to verify that it has been received

**LOS ANGELES UNIFIED SCHOOL DISTRICT
Teacher Development and Support Branch
SUPPORT PROVIDER PROGRAM
Duties and Responsibilities Verification Form
Spring 2008**

DIRECTIONS: This form verifies that *Support Providers* have submitted monthly logs and are eligible to receive a differential. Do not use this form for the Certificated Staff Mentoring Program (CSMP). Participating schools will be contacted individually at a later date to verify CSMP duties and responsibilities.

Please complete this form, as appropriate, and return to the Teacher Support Unit/Support Provider Program, Harbor Building, Room 335, on or **before Tuesday, June 3, 2008**. **This form must be completed and signed by the School Principal. Differentials will not be released until this information is provided to the Teacher Support Unit. Late returns will result in delayed payment of differentials.**

Local District _____ School _____

SECOND SEMESTER

- A.** The following Support Provider(s) at this school have submitted all monthly logs, and are eligible to receive their *semester differential or a prorated differential*. *If the differential is to be prorated, please indicate dates of proration in the "comments" column below.* * Please identify the Support Provider(s) funding source from the following: Subject Matter Preparation (SMP), District Intern (DI), District Intern Induction (DII), LAUSD BTSA (LAUSD)**.

NAME OF SUPPORT PROVIDER	EMPLOYEE NUMBER	NAME OF PARTICIPANT(S)	NAME OF PROGRAM**	COMMENTS
		1.		
		2.		
		1.		
		2.		
		1.		
		2.		
		1.		
		2.		
		1		
		2		

Or

- B.** The following Support Provider(s) at this school have not submitted all monthly logs and are not eligible to receive their semester differential.*

NAME OF SUPPORT PROVIDER	EMPLOYEE NUMBER	MISSING LOGS	COMMENTS

***List all Support Providers from your site, as appropriate, including those who travel to/from your site.**

Signature of Principal _____ Date _____