

**LOS ANGELES UNIFIED SCHOOL DISTRICT**

Inter-Office Correspondence

**2<sup>nd</sup> Grade Cohort:**  
(circle) I II III IV V VI

**Title III ELD Practicum  
Budget Request Form**

**Attachment G**

**School Site 3-Day Training for 2<sup>nd</sup> Grade Teachers**

School Name: \_\_\_\_\_ Cost Center: \_\_\_\_\_ Local District: \_\_\_\_\_

School Contact Person: \_\_\_\_\_ Telephone: (     ) \_\_\_\_\_

Training Dates: \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

In Table 1, list all 2<sup>nd</sup> grade teachers in the following programs: Structured English Immersion, Basic Bilingual, and Dual Language, who participated in the School Site 3-Day Training for 2<sup>nd</sup> Grade Teachers. Each teacher will receive: (1) three sub days if on-track or (2) three days at tenthly rate if off-track. This form may be duplicated if necessary.

(Note: Please include names of school ELD trainer(s) and the selected 2<sup>nd</sup> grade teacher assisting with demo lessons in Table 2 below. Do not list in both tables.)

<b>TABLE 1</b>	<b>Last Name</b>	<b>First Name</b>	<b>Person ID (Employee Number)</b>	<b>On-Track</b>	<b>Off-Track</b>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

In Table 2, list: (1) all school ELD trainers conducting the training and (2) the selected 2<sup>nd</sup> grade teacher assisting with demo lessons. Each school ELD trainer and assisting teacher will receive the following compensation: a total of eight hours at \$25.00/hr to prepare materials and content and three sub days (or three days at tenthly rate), if eligible.

<b>TABLE 2</b>	<b>Last Name</b>	<b>First Name</b>	<b>Title EL Coordinator, Part-time EL Coord./Teacher, or Teacher</b>	<b>Personnel Number</b>	<b>On- Track</b>	<b>Off- Track</b>
1						
2						
3						
4						

**To receive funds to pay for the above school ELD trainer(s), selected 2<sup>nd</sup> grade teacher assisting with demo lessons, and participating 2<sup>nd</sup> grade teachers, the school ELD trainer must do the following immediately after the training:**

- |  |   |
|--|---|
| 1) complete this budget form- write legibly,                         | 4) fax all items to his/her Local District (LD) EL Program Coordinator for approval, and              |
| 2) attach the Sign-in Roster to verify attendance,                   | 5) provide a copy of this completed form to his/her school administrative assistant or time reporter. |
| 3) attach the 2 <sup>nd</sup> grade teachers' EL Monitoring Rosters, |   |

Once approved by the LD EL Program Coordinator, he/she shall fax all documents to the Language Acquisition Branch (LAB), Attn.: Henry Vidrio. Upon receipt, LAB will fax an Authorization for Extra Pay, which will include the funding code, to the school principal and school administrative assistant. Be advised that the timing for receiving authorization for payments will depend on how soon all completed paperwork is received by LAB. If you have any questions or concerns, contact your LD EL Program Coordinator.

**Approved by:** \_\_\_\_\_ **LD EL Program Coordinator** \_\_\_\_\_ **Date** \_\_\_\_\_