ASSOCIATED ADMINISTRATORS OF LOS ANGELES
Authorization for Representation

I, the undersigned employee of

SCHOOL/CHARTER SCHOOL/ADMINISTRATIVE OFFICE:_____

LAUSD SITE NO.:_____
(location codes may be found on LAUSD pay stubs or ask one's timekeeper)

authorize Associated Administrators of Los Angeles to represent me in negotiations with respect to wages, hours, benefits and working conditions.

NAME:_____

HOME ADDRESS:_____

CITY/STATE/ZIP:_____

HOME PHONE: (____) _____

EMAIL ADDRESS:_____

1ST DATE OF HIRE:_____

LAUSD CLASS CODE:_____
(class codes may be found on LAUSD pay stubs or ask one's timekeeper)

LAUSD CLASS TITLE:_____

SIGNATURE:_____ DATE:_____

This information is strictly confidential. All information is kept confidential by Associated Administrators of Los Angeles ("AALA") and the California Public Employment Relations Board ("PERB"). All information shall be kept in absolute confidence by AALA and PERB.

CALIFORNIA LAW UPHOLDS YOUR RIGHT TO ORGANIZE
PLEASE SIGN AND SEND NOW!

SIGN, DATE AND MAIL TO : Associated Administrators of Los Angeles
1910 Sunset Blvd., Suite 850
Los Angeles, CA 90026