



**Los Angeles County  
Office of Education**

**Division of School Financial Services  
Certification Services**

**Los Angeles County Schools Employment Authorization for Retirant**

Read "Instructions for Completion" on reverse

**Section I - To be completed by retirant**

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? <input type="checkbox"/> No <input type="checkbox"/> Yes		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**

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.\*

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).

SIGNATURE OF RETIRANT	DATE SIGNED
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**Section III - To be completed by employing school district**

NAME OF SCHOOL DISTRICT	DISTRICT NUMBER
EMPLOYEE RETIRED FROM LOS ANGELES UNIFIED, LOS ANGELES COMMUNITY COLLEGE, OR A COUNTY OTHER THAN LOS ANGELES <input type="checkbox"/> No <input type="checkbox"/> Yes	
DATE SERVICE WILL BEGIN (SERVICE MAY NOT BE RENDERED PRIOR TO THE DATE OF PHYSICIAN'S CERTIFICATE (SECTION II-A))	VERIFIED RETIREMENT DATE

SIGNATURE OF AUTHORIZED DISTRICT OFFICIAL	DATE SIGNED
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**FOR COUNTY OFFICE USE ONLY**

**APPROVED**

EMPLOYMENT AUTHORIZATION VALID BEGINNING	CERT
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## **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. Employers must complete Section III of this form before submission.
2. Submit this form only when hiring a certificated retiree for their initial post-retirement employment (i.e., the first time they are employed as a retirant under Education Code § 44839.5). The required medical exam must be conducted within six months of completing the form and is at the retirant's expense.
3. If the retirant's valid, unexpired credential is not currently registered with your district, please submit a Verification of Request or Credential Registration Request (CRR) form to Certification Services.
4. Do not submit this form if the retiree was already initially rehired by another district after retirement. Education Code § 44839.5 only requires this form for the first instance of post-retirement certificated employment. However, under subdivision (b), districts may require a periodic medical exam at any time during subsequent employment to determine that the retirant is free from any communicable disease.
5. **Fax the completed form to Certification Services in School Financial Services at LACOE: (562) 469-4300.**