

**LOS ANGELES UNIFIED SCHOOL DISTRICT
Request for Assignment Approval**

To: _____
Local District Superintendent

Date: _____

From: _____ Staff Selection Committee
School

Subject: ADMINISTRATOR POSITION - LEARN SCHOOL SELECTION

The _____ School Staff Selection Committee requests that one of the following candidates be assigned as _____ at _____
Position Title

_____ effective _____
School Date

Name	Employee Number	Current Position/Location
_____	_____	_____
_____	_____	_____
_____	_____	_____

These recommendations are based on the Staff Selection Process conducted by our school which was completed on _____
Date

Staff Selection Committee:

Signatures:

_____ , Administrator	_____
_____ , Teacher Rep.	_____
_____ , Classified Rep.	_____
_____ , Parent Rep.	_____
_____ , Secondary Student Rep.	_____

Approved: _____
Local District Superintendent Date

Disapproved:

Approved: _____
Director, Human Resources Date

Disapproved:

c: Phyllis Bradford

