

LOS ANGELES UNIFIED SCHOOL DISTRICT  
Early Childhood Education  
**REQUEST FOR PERSONNEL ACTION**

<b>Location:</b>	<b>Cost Center:</b>	<b>Local District:</b>
------------------	---------------------	------------------------

**POSITION/TITLE** (Please check the box to the left of the position/title):

<input type="checkbox"/> <b>Teacher</b>	<input type="checkbox"/> <b>Aide</b>	<input type="checkbox"/> <b>Other:</b>
---	--------------------------------------	--

**ACTION REQUESTED** (Please check the box to the left of the action you are requesting):

<input type="checkbox"/> <b>Assign to vacant funded position</b>	<input type="checkbox"/> <b>Request a relief substitute*</b> (must indicate end date below)
<input type="checkbox"/> <b>Close current position</b>	<input type="checkbox"/> Temporary relief due to additional students
<input type="checkbox"/> <b>Establish a new position</b> (must include Staff Report)	<input type="checkbox"/> Relief pending permanent position (Must include RPA for new position)

**\*Please provide a brief explanation why a relief substitute is being requested:**

--

**REASON FOR REQUEST** (Please check one box to the left of the reason):

In place of:	Personnel ID.:	
<input type="checkbox"/> Leave	<input type="checkbox"/> Resignation	<input type="checkbox"/> Transfer
<input type="checkbox"/> Department of Social Services Directive		Date of Directive:
<input type="checkbox"/> Calendar Change: From	To	<input type="checkbox"/> Track change: From
		To
<input type="checkbox"/> Other:		

**EMPLOYEE/ASSIGNMENT INFORMATION:**

Name: Last		First		M.I.	Personal ID:	
					Status:	
Start Date:		End Date:		Class Code:	Maximum hours per pay period:	
Basis:	<input type="checkbox"/> A <input type="checkbox"/> C	From:	<input type="checkbox"/> Eligibility list	<input type="checkbox"/> Transfer	<input type="checkbox"/> Increased hours	Hours of Assignment:

**FUNDING SOURCE**

Fund	Functional Area	Cost Center	Position Control Number
-	- -	01- -01	
Remarks:			

Site Administrator's Signature:	Date:
<input type="checkbox"/> Approved	Date:
<input type="checkbox"/> Denied	
Local District Superintendent or Designee's Signature:	Date:
Approved by Early Childhood Executive Director (establish new position only):	Date:

**FOR HUMAN RESOURCE AND FINANCE OFFICE USE ONLY**

Approved by Fiscal Services Manager:	Date:
Approved by ECE HR Specialist:	Date:
Processed by HR Assignment Technician:	Date:

