

**LAUSD ADMINISTRATIVE HEADQUARTERS
PARKING ASSIGNMENT EXCEPTION REQUEST**

REQUESTOR INFORMATION: (please print)

Employee or Contractor Name: _____

Title: _____

Class code: _____ Location code: _____

Location: Floor: _____ Cube/Office: _____

Contractor: or Employee: (Contractor/Employee # _____)

Division: _____ Branch: _____

PARKING ACCESS:

Currently Assigned Location: _____ **Requested Location:** _____

Reason for parking re-assignment request:

SUBMITTED:

Employee/Contractor:

X _____ Email: _____

Date: _____ Phone: _____

APPROVALS:

Director Approval:

X _____

Name: _____

Date: _____

Division Head Approval:

X _____

Name: _____

Date: _____

Executive Director, District Operations Approval:

X _____

Name: _____

Date: _____