

Los Angeles Unified School District
Request for Freeze Exemption: Staffing

Please use this form to request any of the following actions:

- | | |
|--|---|
| <input type="checkbox"/> Create a new position (No. of requested positions ____) | <input type="checkbox"/> Open a limited-term assignment |
| <input type="checkbox"/> Close a position | <input type="checkbox"/> Change in hours (classified) (from ____ to ____) |
| <input type="checkbox"/> Reclassify a position/class upward (classified) | <input type="checkbox"/> Change in Basis (from ____ Basis to ____ Basis) |
| <input type="checkbox"/> Reallocate the salary of a position upward | <input type="checkbox"/> Fill an existing non-school-based position |

| | |
|---|-----------------|
| Current/Most Recent Incumbent (if applicable) | Branch/Division |
|---|-----------------|

| | | | |
|------------------------|-----------------|-----------------------|-------|
| Class Title/Class Code | Bargaining Unit | Salary Range/Schedule | Basis |
|------------------------|-----------------|-----------------------|-------|

| | | | |
|---------------|---------------|------------------|-------------------------|
| Location Name | Location Code | Office/Cubicle # | Position Control Number |
|---------------|---------------|------------------|-------------------------|

| | | | | |
|-------------------------------------|-----------|-----------|--------|---------|
| Funding Source: Program Name & Code | Federal % | General % | Bond % | Other % |
|-------------------------------------|-----------|-----------|--------|---------|

Please attach responses to the following questions on a separate sheet of paper:

1. Please provide an explanation justifying why this position is essential to the operations of the school or office.
2. Identify at a minimum ten typical duties that will be assigned to this position. (*For classified positions*, please do not copy duties from the class description.)
3. Please provide a current organizational chart with the position and supervisor indicated. If upgrading a position or closing a position to open a new one, please indicate that on the organizational chart.
4. If multiple funding sources, please provide list of cost distribution (include program name, code, Fed. %, Gen. %, Bond %, and Other %). If grant funded, please specify the duration of the grant.
5. For new position requests, describe how the responsibilities of this position are currently being fulfilled.

Signatures Required:

| | | | |
|---------------------|------|---|------|
| Branch/Section Head | Date | Division Head/Local District Superintendent | Date |
|---------------------|------|---|------|

| | | |
|------------------------|-------|-------|
| Contact Person (print) | Phone | Email |
|------------------------|-------|-------|

| | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Not Approved | <input type="checkbox"/> Additional Information Needed |
| <hr/> Alberto M. Carvalho, Superintendent of Schools | <hr/> Date | |

SUBMIT CERTIFICATED REQUESTS TO: Leon Reyblat, Human Resources, leon.reyblat@lausd.net
SUBMIT CLASSIFIED REQUESTS TO: Wendy Guzman, Personnel Commission, wendy.guzman@lausd.net