

# REQUEST FOR PERSONNEL ACTION

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

<input type="checkbox"/> New Position	<input type="checkbox"/> Modify <i>(Change)</i> Position	<input type="checkbox"/> Delimit Assignment <i>(Person)</i>
<input type="checkbox"/> Continue Current Position	<input type="checkbox"/> Defund <i>(Close)</i> Position	

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

<input type="checkbox"/> Teacher Assistant	<input type="checkbox"/> Professional Expert ----	<input type="checkbox"/> Coach / Teacher Advisor ----
<input type="checkbox"/> Education Aide	<input type="checkbox"/> Student Aide ----	<input type="checkbox"/> Support Services <small>(Specify Class Title Below)</small>
<input type="checkbox"/> Classified Relief	<input type="checkbox"/> Community Rep. ----	Job Title
<input type="checkbox"/> Temporary Certificated Assignment ----		<input type="checkbox"/> Other

**EMPLOYEE / ASSIGNMENT / FUNDING INFORMATION:** *(Use "tab" to move to the next field)*

Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	Person ID	<input type="text"/>
	<i>(Last)</i>	<i>(First)</i>	<i>(M.I.)</i>		
Beginning Date	<input type="text"/>	Ending Date	<input type="text"/>	Job Code	<input type="text"/>
Differential	<input type="text"/>	Personnel Sub Area	<input type="text"/>	Hours per day	<input type="text"/>
Calendar Option	<input type="text"/>	Emp Sub Group	<input type="text"/>	----	
From Org Unit Name	<input type="text"/>	To Org Unit Name	<input type="text"/>		
Comments	<input style="width: 100%;" type="text"/>				

*\*Mandatory for Part-time employees.*

**BUDGET AND PAYROLL / TIME REPORTING:** *(Use "tab" to move to the next field)*

SACS Fund	<input type="text"/>	Functional Area	<input type="text"/>	EE Group	<input type="text"/>
LAUSD Program Name	<input type="text"/>	Position ID Number	<input type="text"/>		
<b>IN PLACE OF:</b>	Name	<input type="text"/>		PERNR	<input type="text"/>

**REQUESTED BY:**

Org Unit Name	<input type="text"/>		
Local District or Office	Fund Center / Org Unit Code		
Principal / Administrator / Supervisor Signature	Print Name	Telephone No.	
Email	Date	Contact person	Telephone No.

*If required, appropriate processing packets must be attached to this request. Teacher Assistant packets are available from the Instructional Assistance Office and may be requested by calling (213) 241-6300.*

**Schools: Please return completed form to the Local District Business and Finance Office.**

FOR LOCAL DISTRICT BUSINESS AND FINANCE OFFICE USE ONLY			
Authorizations:	Date processed:		
FOR HUMAN RESOURCES USE ONLY			
Assign. Tech.	Date:	Auditor:	Date:

