

**Los Angeles Unified School District  
Human Resources Division – Certificated Administrative Services**

**Request to Return to Former Basis, Class, or Salary**  
(CERTIFICATED MANAGEMENT PERSONNEL)

Last Name	First	Middle	Employee Number
Street Address			Telephone Number
	City	State	Zip Code

I hereby request (or accept):

a return to former / higher

a return to former / lower (voluntary demotion)

**From:**

Status	Class	Basis
School / Office		Local District / Division

**To:**

Status	Class	Basis
School / Office		Local District / Division

**Effective Date:** \_\_\_\_\_

I understand that the granting of this request may result in my status and/or salary and/or class being reduced. I also understand and agree that this request will be held for 48 hours before being processed. Once the request has been processed it cannot be withdrawn except at the request of the releasing Local District or Division.

	Date
<b>Employee's Signature</b>	
<hr/>	
<input type="checkbox"/> Approved	
	<b>Head of School / Office</b>
<input type="checkbox"/> Disapproved	Date
<hr/>	
<input type="checkbox"/> Approved	
	<b>Local District Superintendent / Division Head</b>
<input type="checkbox"/> Disapproved	Date
<hr/>	
<input type="checkbox"/> Approved	
	<b>Human Resources Division</b>
<input type="checkbox"/> Disapproved	Date

**ORIGINAL MUST BE RETURNED TO:**  
Los Angeles Unified School District  
Certificated Administrative Services  
Beaudry Building, 14<sup>th</sup> Floor  
P.O. Box 3307  
Los Angeles, CA 90051  
Tel: (213) 241-6365  
Fax:(213) 241-8403

**HUMAN RESOURCES DIVISION**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Initials \_\_\_\_\_

