

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

**TO:** Maria Voigt, Director  
Human Resources Division Beaudry Building-14<sup>th</sup> Floor  
Certificated Administrative Services  
Tel. (213) 241-6365 Fax: (213) 241-8403

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

**FROM:** \_\_\_\_\_  
Local District Superintendent/Division Head (or Designee)

**SUBJECT: INTERIM ADMINISTRATOR ASSIGNMENT**

<b>Name</b>	<b>Employee Number</b>
<b>Position Title</b>	<b>Position Control Number</b>
<b>Location</b>	<b>Location Code</b>
<b>In Place of</b>	<b>Employee Number</b>
<b>Reason for Request/Absence</b>	
<b>Starting Date</b>	<b>End Date</b>

The requested assignment action is approved.

I certify that the assignment of this employee is in accord with Board Rule 1911 (Nepotism) and avoids the assignment of close relatives or cohabitants to work in situations where conflicts of interest could arise.

\_\_\_\_\_  
Local District Superintendent/Division Head Signature

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

