

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

**REQUEST FOR ADMINISTRATOR ASSIGNMENT ACTION**  
(Nonschool-Based – AR 4213 or MST 0515)

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

**FROM:** \_\_\_\_\_ ( ) \_\_\_\_\_ ( )  
**Requesting Local District/Division Contact Person Telephone Fax No.**

I am requesting that the following assignment action(s) occur for the person listed.

1. \_\_\_\_\_  
**Name (Last) (First) (MI) Employee Number**
2. \_\_\_\_\_  
**Title Position (as stated on flyer) Deadline Date of Announcement Class Code Position I.D. No.**
3. \_\_\_\_\_  
**Office Location Name Location Code Effective Date**
4. Immediate Supervisor \_\_\_\_\_
5. Schedule on Master Salary Table \_\_\_\_\_ Basis \_\_\_\_\_ Calendar Option \_\_\_\_\_  
(e.g. 35G) (e.g. E Basis) (e.g. Single Track)
6. Name of previous incumbent, if any \_\_\_\_\_
7. Rationale: Identify below the special and professional qualifications of the recommended candidate:  
(attach additional sheet if necessary)

8. Action Required:
  - Fill existing position
  - Establish new position
  - Reallocate salary level(From: MST \_\_\_\_\_ to MST \_\_\_\_\_)  
(Note that this may require a classification study.)
  - Change of job title and class code due to internal reorganization.
  - Other \_\_\_\_\_

**I understand that this action may require that the position be advertised and announced consistent with provisions of District-AALA Agreement Article IX, Section 1.0 and Administrative Regulation 4213.**

\_\_\_\_\_  
Requesting Unit/Department Head Name and Signature

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



**LOCAL DISTRICT/DIVISION FUNDING SOURCE**

Cost Center: \_\_\_\_\_ Fund: \_\_\_\_\_ Functional Area: \_\_\_\_\_ G/L Commitment: \_\_\_\_\_

Fiscal Unit Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**LOCAL DISTRICT/DIVISION APPROVAL**

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.

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

**HUMAN RESOURCES DIVISION USE**

Approved

Disapproved

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Maria Voigt, Director

Verified by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

- \_\_\_\_\_ The appropriate administrative credential
- \_\_\_\_\_ An earned Master's degree
- \_\_\_\_\_ Multicultural coursework (3.3)
- \_\_\_\_\_ Master Plan coursework (C, L, M)
- \_\_\_\_\_ Required number of years of appropriate experience for the position.