**LOS ANGELES UNIFIED SCHOOL DISTRICT**

**Human Resources Division**

Administrative Assignments Unit

**REQUEST FOR ALTERNATE STAFFING PATTERN (ASP)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TO:** | Maria Voigt, Director | | | | |  | |  | | | **Date:** | | |  | | | |  |
|  | | | | | | | | | | | | | | | | | | |
| **FROM:** | |  | | | | | | | | | | | |  | |  | |  |
|  | | Local District Superintendent/Designee | | | | | |  | | |  | | |  | |  | |  |
|  | | | | | | | | | | | | | | | | | | |
| School Requesting Alternate Staffing Pattern:  **School name and cost center code** | | | | | | |  | | | | | | | | | | |  |
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| Local District | | | |  | | | | | | |  | | |  | |  | |  |
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| Rationale for Request: | | | | |  | | | | | | | | | | | | | |
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| The administrator or other employee listed below holds a valid Pupil Personnel Services (PPS) credential and will oversee the counseling office in the absence of the APSCS. | | | | | | | | | | | | | | | | | | |
|  |  | | | |  |  | |  | | | |  | |  | | |  |  |
| Employee Name | | |  | | | | | | | | | Employee number | | | | |  |  |
| Employee Position Control Number | | |  | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| The Assistant Principal, Secondary Counseling Services position will be converted to:  **Assistant Principal, Secondary (Generic) (0659)**  If an ASP is granted during Budget Development, but the employee identified during this process is no longer at the school effective July 1, 2019, the school is required to identify another employee who meets the credential criteria. If unable to do so, the position will be converted back to an Assistant Principal, Secondary Counseling Services (0531) position. | | | | | | | | | | | | | | | | | | |
| Identify the Position Control Number to be utilized for this ASP  (This should be the same PCN of the AP SCS to be converted). | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | |  | |  | | | | |  |
| Name and signature of principal requesting ASP | | | | | | | | |  | |  | | Date | | | | |  |
|  |  | | | |  |  | | |  | |  | |  | | | |  |  |
| This bottom portion is to be completed by Local District before submitting to HR: | | | | | | | | | | | | | | | | |  |  |
|  |  | | | |  |  | | | |  |  | |  | | | |  |  |
|  | Approved | | | |  |  | | | |  |  | |  | | | |  |  |
|  |  | | | |  |  | | | |  |  | |  | | | |  |  |
|  | Not Approved | | | |  |  | | | |  |  | |  | | | |  |  |
|  |  | | | |  |  | | | |  |  | |  | | | |  |  |
|  | | | | | | | | | |  |  | | | |  | | |  |
| Name and Local District Superintendent signature | | | | | | | | | |  |  | | | | Date | |  |  |
|  |  | | | |  |  | | | |  |  | | | |  | |  |  |

Please submit this completed ASP request no later than Friday, March 29, 2019 to [maria.voigt@lausd.net](mailto:maria.voigt@lausd.net) in the Administrative Assignments Unit.

LAUSD/HR Form 9145 02/2019



HR APPROVAL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_