InterOffice Correspondence

**L**os **A**ngeles **U**nified **S**chool **D**istrict

Food Services Division

**5-Day Notice of Change of Assignment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TO:** |  | [Employee Name] | **DATE:** | [Enter Here] |
|  |  | [Employee No.] |
|  | | |
| **FROM:** |  | [Food Services Manager Name] |
|  | | |
| **SCHOOL/**  **LOC. CODE:** |  | [Enter Name and Loc. Code Here] |
|  | | |
| **SUBJECT:** |  | **CHANGE OF ASSIGNMENT** |

Please be advised that your work assignment is being changed effective ***[Date]*** in the following manner:

|  |  |  |
| --- | --- | --- |
| **New Work Schedule:** |  | [Enter Here] |
| **New Work Location\**  **Location Code:** |  | [Enter Here] |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employee Signature |  |  | Date: |  |
| Manager Signature |  |  | Date: |  |

c: Food Services Central Office

Employee File