



Los Angeles Unified School District

Position Review Committee Request

Please use this form to request any of the following actions:

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| <input type="checkbox"/> Fill an existing non-school-based position (____ days vacant) | <input type="checkbox"/> Create a new position (No. of requested positions ____) |
| <input type="checkbox"/> Change in Basis (from ____ Basis to ____ Basis) | <input type="checkbox"/> Close a position |
| <input type="checkbox"/> Change in hours (from ____ to ____) | <input type="checkbox"/> Open a limited-term assignment |
| <input type="checkbox"/> Reallocate the salary of a position upward | <input type="checkbox"/> Continue a limited-term assignment |
| <input type="checkbox"/> Reclassify a position/class upward (classified) | |

Current/Most Recent Incumbent (if applicable)	Division/Region	Location Name	Location Code
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Class Title/Class Code	Salary Range/Schedule	Basis	Position Control Number
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Funding Source: Program Name & Code	Federal%	General %	Bond %	Other %
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Please answer all questions related to your request:

- Please provide a justification and identify at a minimum ten typical duties that will be assigned to this position. (For classified positions, please do not copy duties from the class description.)
- If there are multiple funding sources, please provide a list of cost distribution (include program name, code, funding percentage). If grant funded, please specify the duration of the grant.
- Are there cost savings as part of the request? Yes/No (If yes, please provide any PCNs that will be closed or describe where the cost savings are.)
- Please provide a current organizational chart with the position and supervisor indicated. (If upgrading a position or closing a position to open a new one, please indicate that on the organizational chart.)
- For a request to fill an existing position indicate the following:
 - Number of same positions in the office
 - Effective date of position vacancy. What was the reason?
 - Why can't existing staff cover the work? (Please include evidence of the workload of existing staff, number of projects, areas or regions assigned to assist, overtime hours paid, etc.)
 - Who was doing the work while this position was vacant? (Please list titles and indicate if classified or certificated.)
 - If the position is vacant for over 90 days, please cite reason why the position was not filled. Why does it need to be filled now?
- For a request to create a new position indicate the following:
 - Number of same positions in the office
 - Who is currently doing the work? (Please list titles and indicate if classified or certificated.)
 - Why can't existing staff cover the work? (Please include evidence of the workload of existing staff, number of projects, areas or regions assigned to assist, overtime hours paid, etc.)
- For request to change of basis/hour change, why can't Z-time be used?
- If the request were not approved, please explain the impact on the operations.

Signatures Required:

Contact Person	Email	Branch Head	Signature	Date
Division Head/Regional Supt.	Signature	Date	Direct Reports to Supt./ Board Secretariat/ Personnel Director	Signature Date

Submit classified requests to: Wendy Guzman, Personnel Commission, perscomm@lausd.net
 Submit certificated requests to: Leon Reyblat, Human Resources, leon.reyblat@lausd.net