

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

Request to Return to Former Basis, Class, or Salary
(CERTIFICATED MANAGEMENT PERSONNEL)

Last Name	First	Middle	Employee Number
Street Address			Telephone Number
	City	State	Zip Code

I hereby request (or accept):

a return to former / higher

a return to former / lower (voluntary demotion)

From:

Status	Class	Basis
School / Office		Region / Division

To:

Status	Class	Basis
School / Office		Region / Division

Effective Date: _____

I understand that the granting of this request may result in my status and/or salary and/or class being reduced. I also understand and agree that this request will be held for 48 hours before being processed. Once the request has been processed it cannot be withdrawn except at the request of the releasing Region or Division.

	Date
Employee's Signature	
<hr/>	
<input type="checkbox"/> Approved	
	Head of School / Office
<input type="checkbox"/> Disapproved	Date
<hr/>	
<input type="checkbox"/> Approved	
	Regional Superintendent / Division Head
<input type="checkbox"/> Disapproved	Date
<hr/>	
<input type="checkbox"/> Approved	
	Human Resources Division
<input type="checkbox"/> Disapproved	Date

ORIGINAL MUST BE RETURNED TO:
Los Angeles Unified School District
Certificated Administrative Services
Beaudry Building, 14th Floor
P.O. Box 3307
Los Angeles, CA 90051
Tel: (213) 241-6365
Fax:(213) 241-8403

HUMAN RESOURCES DIVISION

Date ____/____/____

Initials _____

