



# BEVERLY HILLS

UNIFIED SCHOOL DISTRICT  
EDUCATION REIMAGINED

## REQUEST FOR CHANGE IN WORK ASSIGNMENT- CERTIFICATED

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

WORK SITE: \_\_\_\_\_

I wish to request a change in my assignment from  
\_\_\_\_\_ % to \_\_\_\_\_ %, effective \_\_\_\_\_.

I would like to retain my current assignment at  
\_\_\_\_\_ %, effective \_\_\_\_\_.

Detailed description of assignment requested (specify number of periods per day and/or number of days per week):

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Signature: \_\_\_\_\_

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

APPROVED:

FINAL APPROVAL:

\_\_\_\_\_  
Principals/Supervisor Signature

\_\_\_\_\_  
Assistant Superintendent, Personnel Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date