



LONG BEACH COMMUNITY COLLEGE DISTRICT
 OFFICE OF HUMAN RESOURCES
WORK SCHEDULE CHANGE
CLASSIFIED EMPLOYEE

Change requested by: Employee _____ District _____

Employee Name _____

Position Title _____

Department _____ Supervisor _____

Current Assignment:

Hours: Start _____ am/pm	End _____ am/pm
Assignment: 12 month	11 month 10 month School Session
Location: LAC PCC	Phone Extension _____

Proposed Assignment:

Hours: Start _____ am/pm	End _____ am/pm
Assignment: 12 month	11 month 10 month School Session
Location: LAC PCC	Phone Extension _____

Permanent Change Start Date _____

Temporary Change Start Date _____ End Date _____

Reason for the change:

Employee Signature Date

Supervisor Signature Date

Dean/Director Signature Date

HR Director Signature Date

LBCCE/AFT Signature Date