

LONG BEACH COMMUNITY COLLEGE DISTRICT  
**REQUEST FOR PROFESSIONAL EXPERT**

NAME	_____
EMPLOYEE ID/SSN#	_____
POSITION	_____
REASON NEEDED	_____ _____
DATES	FROM _____ TO _____
	If employee is needed beyond this date, a new request must be prepared.
	TOTAL HOURS _____
	TOTAL DOLLARS _____
ACCOUNT NUMBER	_____

REQUESTOR	_____	DATE	_____
<b>APPROVED</b>	-----		
DEAN/DIRECTOR	_____	DATE	_____
VICE PRESIDENT	_____	DATE	_____

REMARKS

\_\_\_\_\_

\_\_\_\_\_

PERSONNEL COMMISSION  
APPROVAL            DATE \_\_\_\_\_ BY \_\_\_\_\_

HUMAN RESOURCES    DATE \_\_\_\_\_ BY \_\_\_\_\_