



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 Meal Period (From): _____ (To:) _____

Assignment: 12 month 11 month 10 month School Session

Location: LAC PCC Phone Extension _____ Percent of Assignment _____%

Proposed Assignment:

Hours: Start _____ am/pm End _____ am/pm Meal Period (From): _____ (To:) _____

Assignment: 12 month 11 month 10 month School Session

Location: LAC PCC Phone Extension _____ Percent of Assignment _____%

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