



ASCOE Assignment Request Form

In accordance with the collective bargaining agreement, **all** unit members are required to file an Assignment Request form with the Human Resources department **no later than March 28th** of each year. The County Office will inform unit members of preliminary assignments no later than **June 7th** and final assignments no later than **July 25th**.

Please indicate below any requests in assignment you have for the upcoming school year. Completed forms will be kept on file in the HR department and may be changed at any time during the year provided that the date of the change is noted.

Name: _____

Cell/Home Phone: _____

Email Address: _____

Department: (please select below)

____ Alternative Education ____ Behavioral Health & Well-Being ____ Other ____ SELPA ____ Special Education
____ Teaching & Learning

Current Assignment:

If currently DIS, describe assignment: _____

Request for upcoming school year: Maintain current assignment Request change (Specify desired characteristics and undesired characteristics, e.g., age of students, nature of disability, location) below:

Alternative Education: Community Court Location: _____

Special Education: (If you are requesting to be considered for a change in assignment, please fill out the section below in order of priority with #1 being your first priority and specify geographic location here):

____ Autism ____ Elementary (MMSN, "EBD") ____ Elementary (ESN, "SD") ____ Preschool (ECSE)

____ Secondary (MMSN, "EBD") ____ Secondary (ESN, "SD") ____ Specialized Health Services ____ Transition

____ Other (specify): _____

Please be advised that any request fulfilled by the department is considered voluntary.

Signature: _____

Date: _____