



County of Los Angeles  
Conflict of Interest Code  
Amendment Form for Deleting a Position

Name of Agency: \_\_\_\_\_

Name of Agency Code Officer: \_\_\_\_\_ Date: \_\_\_\_\_

My agency has deleted the following position(s):

**Designated Position to be Deleted - \_\_\_\_\_**

1. What is the reason for deleting the position? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Were the duties completely eliminated? \_\_\_\_\_

3. Did another position absorb the duties of the deleted position?

a. If yes, which position? \_\_\_\_\_

b. Does this position require a change in its existing disclosure category? \_\_\_\_\_  
**If yes, please complete Disclosure Change Form**

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**If yes, please complete Disclosure Change Form**