

VOLUNTARY DEMOTION

In accordance with Personnel Commission Rule 60.200.2(A), a permanent employee may request a voluntary demotion to a position with a lower maximum salary rate. Such request(s) require the approval of the head of the department to which he/she is to be assigned.

This request must be authorized in the order listed below before any change(s) can take place:

1. Form must be completed and signed by the employee requesting the voluntarily demotion.
2. The employee's request for voluntarily demotion must be approved by the current department administrator.
3. The request must be submitted to Classified Personnel for processing.
4. An approved vacancy in accordance with the demotion request must be on file in Classified Personnel.
5. The Board of Education MUST authorize the change of status before the request for demotion can take place.

NOTE: Please be advised that completing this form does NOT guarantee that your request will be approved.

Permanent classified employees who wish to request a voluntary demotion MUST complete the information as follows:			
Employee Name:		Last	First
Street Address		City	State
Home Phone Number	Cell or Message Phone Number		Work Phone Number
Current Position Title:		Current Work Location:	
Current assigned worked hours From: To:	Current number of months worker per year:		Current number of hours worked per day:
Requested position for demotion: _____			
Are you requesting a reduction in work hours? ☐ Yes ☐ No		Describe the hour reduction you are requesting:	
Are you requesting a reduction in work months? ☐ Yes ☐ No		Describe the month reduction you are requesting:	
You agree and understand that if your assigned work hours are permanently reduced for less than four (4) hours per day that you will not be eligible for benefits as follows: CSEA Unit Members: (Health, Dental, & Life Insurance), SEIU Unit Members: (Health, Dental, Vision, & Life Insurance), and Non-Represented Employees: (Health, Dental, Vision, & Life Insurance)? Initial _____			
State the reason for this request: (you may attach an additional sheet of paper if space is not sufficient)			
My signature acknowledges that I have read, agree to, and understand all of the above information related to voluntary demotion.			
Employee's Signature: _____			Date: ____/____/____
Voluntary Demotion request is: ☐ Approved ☐ Denied			
Department Administrator's Name (Print): _____			Date: ____/____/____
Department Administrator's Signature: _____			
Classified Personnel ONLY			
EFFECTIVE START DATE: ____/____/____ BOARD APPROVAL DATE: ____/____/____			