

**San Diego Unified School District  
Human Resource Services Division**

**REQUEST FOR VOLUNTARY REDUCTION IN CLASSIFIED  
ASSIGNMENT HOURS/WORK YEAR OR VOLUNTARY DEMOTION**

---

Instructions: Employee uses this form to voluntarily request a reduction in assignment hours or work year or a demotion to a lower classification. Signature of supervisor or principal is required. Form must be sent to Classified Input, Eugene Brucker Education Center, Room 1241.

---

<b>Name</b>	<b>Employee ID#</b>
<b>Position Title</b>	<b>School or Department</b>
<b>PAR # (if applicable)</b>	<b>Date</b>

I voluntarily request that the following change be made:

- Reduce assigned hours per day from \_\_\_\_\_ to \_\_\_\_\_.
- Change work year from \_\_\_\_\_ months to \_\_\_\_\_ months.
- Demote to a lower classification.
- Other specify) \_\_\_\_\_  
\_\_\_\_\_

I am making this request because:

---

---

---

---

I understand that this change may affect my total salary, my retirement deductions, and/or my group insurance benefits, and I am willing to accept those changes.

---

**Signature:**

**Date:**

---

**Supervisor's or Principal's Approval:**

**Date:**

---