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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Employee ID#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position Title</td>
<td>School or Department</td>
</tr>
<tr>
<td>PAR # (if applicable)</td>
<td>Date</td>
</tr>
</tbody>
</table>

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: ____________