



Non-Instructional Staffing Request for Voluntary Demotion

Date _____

Employee Name (Print) _____

Employee Number _____

Work Location Name and Number _____

Current Position _____

Desired Position _____

Reason for Request (please print)

I understand that with this request, my salary, work schedule and/or work location may be impacted. I further understand that with this request, I have no rights to return to my current job, work schedule or work location except as provided for by School Board Policy.

Employee Signature _____

Supervising Administrator Name (Print)

Supervising Administrator (Signature)

Date _____