# REQUEST FOR VOLUNTARY DEMOTION

I,_____, hereby request a voluntary demotion/

reassignment from_____to

_____ and I make this request as a voluntary

act on my part for the following reason(s):

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| |

I make this request with the full knowledge and understanding that when granted the request will result in a reduction of my salary commensurate with the adopted salary schedule for the assignment for which I am submitting this request. I further understand that this request will be granted in accordance with established guidelines.

I wish for this voluntary demotion to take effect_____.

_____ _____

Signature of Employee Date

_____ _____

Signature of Supervisor Date

_____ _____

Signature of Human Resources Specialist Date

Please send a copy of the signed form to your Human Resources Specialist

Zone 1: JCPS.Zone1-HR@jefferson.kyschools.us
Zone 2: JCPS.Zone2-HR@jefferson.kyschools.us
Zone 3: JCPS.Zone3-HR@jefferson.kyschools.us
Zone 4: JCPS.HR-Zone4@jefferson.kyschools.us
Zone 5: JCPS.Zone5-HR@jefferson.kyschools.us
Zone 6: JCPS.HR-Zone6@jefferson.kyschools.us

Central Office & Admins: JCPS.Admin-CO-HR@jefferson.kyschools.us
Operations: JCPS.HR-Operations@jefferson.kyschools.us

cc: Personnel File