

## DCFS VOLUNTARY DEMOTION FORM

Employee Statement of Understanding			
I, _____, request to be demoted as follows: (Employee's Name)			
FROM:			
Present Job Title:			
Present Level:		Present Biweekly Salary:	
Dept/Division/Bureau:			
Region/Parish/Section:			
TO:			
Proposed Job Title:			
Proposed Level:		Proposed Biweekly Salary:	
Dept/Division/Bureau:			
Region/Parish/Section:			
I understand that this demotion is strictly voluntary. I also understand that if no loss of pay is occurring with this action, I will not receive any future pay increase upon promotion, reallocation, or detail to special duty until such time I surpass the pay level from which I demoted in accordance with DCFS Policy No. 4-25.			
Employee Signature _____		Date _____	

This section must be completed **ONLY** when the request above is for an exception to the pay reduction.

Request for Exception To Pay Reduction Appointing Authority	
If no reduction in pay is proposed, select the following option that applies in this case:	
<input type="checkbox"/>	<b>Approved</b> – I hereby grant an exception to the required pay reduction rule in accordance with DCFS Policy No. 4-25. The granting of this exception shall waive any future pay increase(s) on promotion, reallocation, or detail to special duty until such time the employee surpasses the pay level from which he/she demoted.
<input type="checkbox"/>	<b>Disapproved</b> – I hereby do not grant an exception to the required pay reduction rule in accordance with DCFS Policy No. 4-25. The employee shall have his/her pay reduced by a minimum of 7%. <i>** The reduction may be set at a lower rate in the range provided that it is no less than the minimum.</i>
(see DCFS Policy No. 4-25 for additional information on the above options.)	
Appointing Authority Signature _____ Date _____	