

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 and not considered an activity of any layoff plan. I recognize that no preferred reemployment rights will be in effect as a result of my voluntary demotion. I also understand that if no loss of pay is occurring with this action I must wait six (6) months before being promoted or reallocated in a career progression group (CPG) in accordance with DCFS Policy No. 4-25.			
_____ Employee Signature		_____ Date	

Completed by Hiring Supervisor/Manager	
If no reduction in pay is proposed, select the following option that applies in this case:	
<input type="checkbox"/>	Avoiding layoff procedures.
<input type="checkbox"/>	Employee has direct knowledge/expertise of the assigned duties of the position he/she is demoting into. Both jobs must be in the same occupational group as defined by Civil Service.
<input type="checkbox"/>	Providing reasonable accommodation under the Americans with Disabilities Act (ADA).
<input type="checkbox"/>	When an employee makes a career change, as defined by Civil Service career fields, because there is no opportunity for advancement in his/her current career field.
<input type="checkbox"/>	None of the above options apply. (Approved exception request signed by DCFS Secretary must be attached.)
(see DCFS Policy No. 4-25 for additional information on the above options.)	
_____ Hiring Supervisor or Manager Signature	
_____ Date	