## REQUEST FOR VOLUNTARY REDUCTION IN HOURS <br> Name:

## District I.D \#:

Current Classification:
Current Location:

## THIS IS A VOLUNTARY REQUEST TO REDUCE WEEKLY HOURS



Please note that temporary changes in hours/assignments cannot last for more than six months, according to Merit Rule 6.6.1 - Limited Term Position

Reason: $\qquad$

| Employee Signature | Date | Work \& Home Phone Number |  |
| :---: | :---: | :---: | :---: |
|  |  | $\square$ Approved | $\square$ Denied |
| Principal/Supervisor Signature* | Date |  |  |
|  |  | $\square$ Approved | $\square$ Denied |
| Department Head Signature* | Date |  |  |



