



Division of Administration
Voluntary Demotion Form

I, _____, am voluntarily requesting that I be demoted:
(Name of Employee)

FROM:

PRESENT JOB TITLE _____

DEPARTMENT _____

SECTION _____

UNIT _____

TO:

JOB TITLE _____

SECTION _____

UNIT _____

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 understand that my bi-weekly salary will be reduced:

FROM: PRESENT BI-WEEKLY SALARY _____

TO: BI-WEEKLY SALARY UPON DEMOTION _____

Employee Signature: _____

Date: _____