

The Personnel Board of Jefferson County
REQUEST FOR DEMOTION

Reason for Demotion (Check One): Disciplinary RIF Voluntary*

Employee Name: _____ Employee Number: _____

Employee Work Address: _____ Employee Telephone: _____

Employee Email: _____ Effective (Beginning) Date of Demotion: ____/____/____

| | | | | | |
|------------------------|-------|-------|---------------|----------|-------------------------|
| _____ | _____ | _____ | \$ _____ | \$ _____ | _____ |
| Current Classification | Grade | Step | Base Pay Rate | Premium | Current Position Number |
| _____ | _____ | _____ | \$ _____ | \$ _____ | _____ |
| New Classification | Grade | Step | Base Pay Rate | Premium | New Position Number |

Has employee ever held the class to which he/she is demoting? Yes No

Signatures

_____/____/____ (Employee signature not required if disciplinary demotion.)
Employee Date

_____/____/____ _____/____/____
Department Head Date Appointing Authority Date

Personnel Board Use Only

_____ Approved _____ Declined

Reason for Decline: _____

*In the case of a voluntary demotion, employee must be demoting within his or her current appointing authority to a class previously held in the Merit System in which the employee had attained regular status.

If an employee is returning to the position he or she last held within 12 months following a promotion, use the Request to Rollback Form.

- Disciplinary Demotion – See Rule 12.2
- Reclassification Demotion – See Rule 7.7
- RIF Demotion – See Rule 11.12
- Voluntary Demotion – See Rule 11.6
- See Also Rule 8.2(e) – Salary Rate Following Demotion