



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 of \$_____ will not be reduced upon this demotion, however, I will be subject to the provisions of the Conditional Waiver of Pay Reduction contained in DOA Personnel Policy Number 43, Pay Upon Demotion.

I have received a copy of DOA Personnel Policy Number 43, Pay Upon Demotion.

I understand that my eligibility date for my merit increase will remain the same and will not be changed due to this demotion.

_____ Employee's Signature

_____ Date

_____ Appointing Authority's Signature

_____ Date