

REQUEST FOR VOLUNTARY DEMOTION

Date: _____

TO: DMH Human Resources Bureau

FROM: Employee Name: _____ Employee No: _____

I am requesting a voluntary demotion, pursuant to Civil Service Rule 18.08, from my current position of:

Classification: _____ Item No/Sub: _____ Program Name: _____

Position requesting demotion to:

Classification: _____ Item No/Sub: _____ Program Name: _____

I understand that my County benefits, bargaining union, and/or current bonuses may change, **and** my salary will be affected.

My current monthly salary is: _____ and my reduced monthly salary will be: _____

I am requesting this demotion for the following reason:

New Career Path _____ Closer to Home _____ Personal Reasons _____ Other (please explain): _____

I further understand that once I have submitted this voluntary reduction it may not be withdrawn.

Employee Signature: _____ Date: _____

Manager Approval: _____ Date: _____

Deputy Director Approval: _____ Date: _____

Administrative Review:

Approved _____ Denied (reason): _____

Administrative Approved by: _____ Date: _____

Human Resources Review

Employee meets criteria for voluntary demotion and appointment to new position. Approved ___ Denied (reason): _____

PAR #: _____ Effective Date: _____

Human Resources Manager (or designee) Approval: _____ Date: _____

Instructions:

Employee: Complete form and submit to management for approval. Salary and benefits information must be obtained from HRB Processing Unit prior to form submission. Management must submit request to Administrative Team for clearance to hire/reduce employee and forward to HRB for final processing. Demotion/transfer contingent on all acceptable clearances, including live scan.

c: Employee

Official Personnel File

