

The Personnel Board of Jefferson County
REQUEST FOR VOLUNTARY DEMOTION

Employee Name: _____ Employee Number: _____

Employee Work Address: _____

Employee Telephone: _____ Ext. _____ 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

Employee Signature ____/____/____
Date

Department Head Signature ____/____/____
Date

Appointing Authority Signature ____/____/____
Date

Personnel Board Use Only

____ Approved

____ Declined Reason for Decline: _____

Personnel Director

* 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. The new rate of pay must be equal to a reduction of at least one step.