

**REQUEST FOR DEMOTION WITH NO LOSS IN PAY
OR SALARY REDUCTION OF LESS THAN 5%**

An employee may be demoted without a loss in pay or demoted with a salary reduction of less than 5% in certain circumstances when the employee accepts a demotion that benefits the Department.

Please provide the following information in support of your request:

Employee's Name	Social Security Number /Employee ID#
Current Job Title	Current Position Number (if known)
Requested Job Title	Requested Position Number
Division/Office/Location	Effective Date

Circumstances may involve, but are not limited to the following:

- Relocation which creates a hardship for the employee
- Location in an organizational unit which presents special management/program difficulties
- Position has been vacant because of extensive recruitment/retention difficulties
- Special skills of the employee which enhance the position
- Demotion as a result of a reasonable accommodation of a disability

Please describe in detail below.

Please describe the circumstances which you feel benefit the Department and, therefore, support a voluntary demotion with no loss in pay or salary reduction of less than 5% (use additional sheets if necessary).

**REQUEST FOR DEMOTION WITH NO LOSS IN PAY
OR SALARY REDUCTION OF LESS THAN 5% (continued)**

Request submitted by _____

Job Title _____

Phone number and location _____

Date _____

Request Approved

Request Denied

Division/Office Director, Hospital C.E.O. or designee

Date
