

Human Resources Department
807 Northeast Broadway
Minneapolis, MN 55413-2398
(612) 668-0500
FAX (612) 668-0525

**VOLUNTARY DEMOTION
FORM**



Employee Name: _____ Employee ID#: _____

Site/Location: _____ Job Title: _____

I, _____, have agreed to a voluntary demotion
(Print Name)

from _____ (FTE) to _____ (FTE).

Effective Date: _____

My assignments after demotion are:

Site/location: _____ Hrs/FTE _____

Site/location: _____ Hrs/FTE _____

Site/location: _____ Hrs/FTE _____

TOTAL Hrs/FTE _____

I have consulted with my union representative and Human Resources Department and I understand the consequences of a demotion.

Employee's Signature

Supervisor's Signature

Date

Human Resources use only.
HR Staff Review: Signature: _____ Date: _____
Revised: 02/10