



Employee Demotion Notification Form

Date:

Employee Details:

- Employee Name: _____
- Current Position: _____
- Effective Date of Demotion: _____

Reason for Demotion:

Details of New Position:

- New Position Title: _____
- Revised Responsibilities: _____
- Revised Compensation: _____

Transition Plan:

Next Steps:

Acknowledgment:

I, _____, acknowledge that I have received and understood the contents of this demotion notification form.

Employee Signature: _____

Date: _____

Manager's Signature: _____

Date: _____

Filed in Employee's Personnel Records on: _____