



NOTICE OF DEMOTION / SALARY REDUCTION

Employee Name

Employee ID

Employee Current Title

Employee New Title

Supervisor Name

Supervisor Title

1. Start date of demotion/salary reduction:

2. The reason(s) for the demotion/salary reduction:

3. Previous actions taken (if any):

Approvals:

Supervisor Signature

Supervisor Name

Date

Division VP Signature

Division VP Name

Date

HR ERO Signature

HR ERO Name

Date

EMPLOYEE ACKNOWLEDGEMENT: If you disagree with the cause or content of this disciplinary action, you may direct your concerns in writing to your second level supervisor within ten (10) working days of this disciplinary action in accordance with PS.02.B.01, Staff Grievance Policy.

By signing this document, you acknowledge receipt of this notice and the resulting disciplinary action; however, your signature does not necessarily indicate that you agree with its content.

Employee Signature

Date