



CITY OF LITTLE ROCK

COPY: Check One

- Human Resources Personnel File
- Human Resources Disciplinary File
- Department
- Division
- Employee

NON-UNIFORM EMPLOYEE DISCIPLINARY ACTION FORM RECORD OF DEMOTION

DATE _____
 EMPLOYEE # _____
 DEPARTMENT _____
 DIVISION _____
 EFFECTIVE DATE _____
 NEW TITLE _____
 NEW GRADE _____

Employee Name

Complete Home Mailing Address

This is to advise you that you are hereby demoted from the position of _____
for the following reasons:

You are hereby warned that a recurrence of this infraction, or other infractions, will result in further disciplinary action up to and including termination.

You have the right to appeal this action and may request an administrative hearing within ten (10) working days upon receipt of this letter.

_____/_____
 Employee's Signature / Date Immediate Supervisor's Signature / Date
 (Does not necessarily imply agreement with the stated reasons and/or disciplinary action.)

OR (if applicable)

_____/_____
 1. Witness / Date Division Manager's Signature / Date

_____/_____
 2. Witness / Date Department Director's Signature / Date
 (indicates review and approval)

_____/_____
 Union Steward's Signature / Date
 (if applicable)