

REQUEST FOR DEMOTION OR CHANGE IN STATUS
FORM 11-10M 6/2002

HUMAN RESOURCES DIVISION

To be filled out in duplicate and all forms sent to the Human Resources Division. Do not use this form for change in classification to a position in a higher grade or for a position having substantially dissimilar requirements for appointment.

To the Personnel Administrator
Civil Service Unit
One Ashburton Place, Boston, MA 02108

City/Town _____
Address _____
Date _____

Name _____ SSN _____ Effective _____

PRESENT PERMANENT POSITION

Department _____
Division _____
Title _____

POSITION TO WHICH DEMOTION OCCURS

Department _____
Division _____
Title _____

FT _____ PT _____ Intermittent _____

Permanent _____ Temporary _____ If temporary,
state why and period for which demotion is requested _____

FT _____ PT _____ Intermittent _____

Voluntary _____ Involuntary _____

Duties (*Actual* duties must be stated in detail. Continue on other side of form if necessary.)

Duties (*Actual* duties must be stated in detail. Continue on other side of form if necessary.)

APPROVED

HUMAN RESOURCES
DIVISION
BY: _____

Reason why this demotion or change in status occurred _____

I hereby consent to the demotion of _____
Signature of officer authorized by law to make personnel transactions

Name _____
Title _____

I state that I have seen this form. Signing this form does not indicate that I agree or disagree with action taken or relieve me of my appeal rights.

Signature of Employee _____