

**Appendix Number 19**

**EMPLOYEE DEMOTION NOTIFICATION**

To (Name of Employee): \_\_\_\_\_

Date of Notice: \_\_\_\_\_

Reason(s) for Demotion: \_\_\_\_\_

\_\_\_\_\_

Effective Date of Demotion: \_\_\_\_\_

\_\_\_\_\_  
Tremonton City Representative or Official

\_\_\_\_\_  
Date

I have been informed and understand that I may appeal this disciplinary action, within ten (10) days, to Tremonton City's City Council. I have also been informed and understand that during the appeals process I may be represented by legal counsel. I have reviewed and received a copy of this form.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

## Notes