



EMPLOYEE DEMOTION NOTIFICATION

Name of Employee: _____

1. Date of Notice: _____

2. Reason(s) for the demotion:

3. Effective date of the demotion: _____

I have been informed and understand that I may appeal this disciplinary action, within ten (10) days, to an Appeals Board, and then to the North Ogden 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.

I agree and understand that by signing the Electronic Signature Acknowledgment and Consent Form, that all electronic signatures are the legal equivalent of my manual/handwritten signature and I consent to be legally bound to this agreement.

City Administrator/Manger Signature

Date

Employee Signature

Date