

Demotion Template
PUT ON YOUR LETTERHEAD

Hand Delivered or Certified Mail Return Receipt

Date

EMPLOYEE NAME
MAILING ADDRESS

Subject: Demotion

Dear Mr./Ms. NAME:

The action, category, and policy(s) violated:

Following our pre-disciplinary conference on DATE and based on all available information, it is the determination of management that a demotion from your current position as (POSITION, SALARY GRADE, ANNUAL SALARY), to a (POSITION, SALARY GRADE, ANNUAL SALARY) is the most appropriate action to be taken, effective DATE. This action is based on (unacceptable personal conduct, unsatisfactory job performance, or grossly inefficient job performance) as defined in Section 7, page # (page 4 for job performance or page 3 for personal conduct or gross inefficiency) of the State Human Resources Manual; specifically for: (NUMBER THE BASIS IF MORE THAN ONE).

- Also include violation(s) of any internal policy(ies) or procedure(s) if it is violation of known or written work rule(s).
- If the action is based on unsatisfactory job performance, include the definition—i.e., unsatisfactory job performance is defined as, “*work-related performance that fails to satisfactorily meet job requirements as set out in the relevant job description, work plan, or as directed by management.*”
- If the action is based on grossly inefficient job performance, include the definition—i.e., grossly inefficient job performance is defined as, “*unsatisfactory job performance that causes or results in the potential for: (1) death or serious bodily injury to employee(s), the public, or person(s) over whom the employee has responsibility or (2) the loss of or damage to state property or funds that results in a serious adverse impact on the State and/or the work unit.*”
- If the action is based on insubordination, include the definition—i.e., “*the willful failure or refusal to carry out a reasonable order from an authorized supervisor.*”

Specific factual reasons for the action:

Tell the story in sequential order: State how author was made aware of the incident? Using names and titles, who observed or reported the incident and to whom, on what date, and what did they report? What was management’s response to the observation/report (i.e., investigatory leave with pay, administrative investigation/review, etc.)? What did the investigation/review reveal? Using names and titles, or initials if it’s a patient/resident/client, list any witnesses to the incident and observers/reviewers of video surveillance, files, documents, etc. Include verbiage/quotes from written statements from everyone involved, if available. Cite specific policy violation(s) and the policy(ies) - explain how the actions of the employee violated the policy(ies) cited or how performance fell short. State the performance expectations, what interventions have occurred (i.e., coaching/counseling, improvement plan, training, etc.).

Pre-Disciplinary Conference:

During our pre-disciplinary conference on DATE with NAME(S), TITLE(S), (who attended the conference), you were allowed an opportunity to share any new information that would cause management to change the course of this action. You stated (GIVE A BRIEF SUMMATION OF WHAT THE EMPLOYEE SAID AT THE CONFERENCE AND INCLUDE ANY ADMISSIONS, DENIALS, OR EXPLANATION FOR THE PERFORMANCE OR CONDUCT). However, you did not present any significant information to dispute the facts obtained in the investigation or to change the recommendation.

List any active disciplinary action(s), improvement plan, coaching/counseling, etc.:

You currently have (NUMBER) active disciplinary actions in your personnel file. (Give dates of actions and whether for conduct or performance.) (Also include any documented counseling(s) and/or improvement plan(s), etc..)

Expectations of new position and specific improvements/timeframe allowed to resolve the performance or conduct issue:

Effective immediately, you are expected to: (LIST WHAT YOU WANT THE EMPLOYEE TO DO)

Example:

1. Meet the performance expectations of your position.
2. Comply with all policies and procedures, including XYZ.
3. Complete the remaining 17 case files by March 15, 2006.
4. Let me know immediately if you encounter any problems.

Your performance and/or conduct will be closely monitored over the next TIMEFRAME. Failure to make improvements as indicated above or any other incidents of unsatisfactory job performance and/or unacceptable personal conduct will result in additional disciplinary action up to and including dismissal.

Referral to EAP if appropriate:

The Employee Assistance Program (EAP) is a confidential service designed to help employees resolve problems that may be affecting their personal or work life. EAP provides confidential referrals to appropriate resources. If you wish to schedule an appointment or seek additional information, please contact, (Name) EAP Consultant at 1-800-telephone number or contact (Human Resources Manager/Employee Relations Specialist name & number).

Employee Grievance Rights (Career Status Employees Only):

As a career status employee, you have the right to appeal this demotion within fifteen (15) calendar days from receipt of this letter/notice in accordance with the State of North Carolina Employee Grievance Policy (copy attached). For more information you may contact (Human Resources Manager/Employee Relations Specialist name & number).

Respectfully,

Author of Letter,
Title

Attachment: State of North Carolina Employee Grievance Policy
DHHS Grievance Filing Form

cc : Appropriate Management Chain (USE NAME(S))
Personnel File

If Hand Delivered:

I acknowledge receipt of this demotion notice and a copy of the State of North Carolina Employee Grievance Policy and the DHHS Grievance Filing Form.

Employee Signature: _____ Date: _____