NIAGARA COUNTY CIVIL SERVICE
111 Main Street, Suite G-2
Lockport, New York 14094
(716) 438-4071

VOLUNTARY DEMOTION FORM
COMPETITIVE TO LABOR CLASS

TO: NIAGARA COUNTY CIVIL SERVICE

Dear Personnel Officer:

Be advised that I, _____, request permission for a voluntary demotion from my competitive position as a _____ in the _____department to a labor class position of _____ in the _____ department. **I understand that I am relinquishing all rights to my current position and am relinquishing my competitive status with all rights and privileges including layoff & preferred list rights, section 75 rights, and any others associated with competitive status.**

_____ _____
Incumbent's Signature Date

Be advised that I approve the above mentioned voluntary demotion effective _____.

_____ _____
New Appointing Authority's Signature & Title Date

_____ Approved _____ Disapproved

_____ Effective Date of Voluntary Demotion

_____ _____ Dated

Personnel Officer

Revised 6/2014