



COOK COUNTY BUREAU OF HUMAN RESOURCES
DEMOTION REQUEST FORM

Date: _____

Department: _____

Department Head: _____

Employee's Immediate Supervisor: _____

Name of Employee Requesting/Recommended for Demotion: _____

Current Position: _____ Position ID: _____

Date Promoted to Current Position: _____

Prior Position: _____ Department: _____

Demotion is:

Voluntary _____ Involuntary _____

(If voluntary, the employee's written request for demotion must be attached.)

Describe in detail the basis or bases for the requested/recommended demotion:

(Attach all relevant supporting documentation, including at least two previously issued notices of unsatisfactory performance in the case of an involuntary demotion.)

SUPERVISOR AND DEPARTMENT HEAD CERTIFICATION

I hereby certify that my request for the Demotion described above is not based on any Political Reasons or Factors and is in compliance with the Demotion Policy and Employment Plan.

With respect to all County jobs under the jurisdiction of the Cook County Board President that are not exempt under Shakman, I certify that I am aware that I am strictly prohibited from conditioning, basing or knowingly prejudicing or affecting any term or aspect of County employment of hiring upon or because of any political reason or factor or knowingly inducing, aiding abetting, participating in, cooperating with or threatening any act which is proscribed above. I certify, under penalty of perjury, as provided by the law that to the best of my knowledge, Political Reasons or Factors did not enter into any County Employment Actions taken with respect to the above Demotion Request. I understand that failure to comply with the above prohibitions may result in sanctions, including disciplinary action up to and including termination and may subject me to criminal prosecution

Supervisor Name: _____ Signature: _____

Title: _____ Date: _____

Department Head Name: _____ Signature: _____

Title: _____ Date: _____

FOR BUREAU OF HUMAN RESOURCES USE ONLY

BHR DETERMINATION

Disposition of Request: Approved _____ Denied _____

Chief of BHR: _____ Date: _____

Disposition of Request: Approved _____ Denied _____

Compliance Officer: _____ Date: _____

(In the event of disagreement, the Compliance Officer's decision will govern.)

BHR CHIEF CERTIFICATION

With respect to all County jobs under the jurisdiction of the Cook County Board President that are not exempt under Shakman, I certify that I am aware that I am strictly prohibited from conditioning, basing or knowingly prejudicing or affecting any term or aspect of County employment or hiring upon or because of any political reason or factor or knowing inducing, aiding, abetting, participating in, cooperating with or threatening any act which is proscribed above. I certify, under penalty of perjury, as provided by the law that, to the best of my knowledge, Political Reasons or Factors did not enter into any County Employment Actions taken with respect to the above Demotion Request or the employment or hiring process. I understand that failure to comply with the above prohibitions may result in sanctions, including disciplinary action up to and including termination and may subject me to criminal prosecution.

Print Name: _____ Signature: _____

Title: _____ Date: _____