Human Resources Division
Civil Service Unit
100 Cambridge St. Suite 600
Boston, MA 02114

Telephone: (617) 878-9700
Toll Free within MA: 1-800-392-6178
TDD: (617) 727-7583
Email: civilservice@mass.gov

REQUEST FOR DEMOTION OR CHANGE IN STATUS

To be filled out in duplicate and all forms sent to the Human Resources Division. Do not use this form for change in classification to a position in a higher grade or for a position having substantially dissimilar requirements for appointment.

Name _____
City/Town _____
Address _____
Date _____
SSN _____ Effective _____

PRESENT PERMANENT POSITION

Department _____
Division _____
Title _____

FT _____ PT _____ Intermittent _____

Duties (*Actual* duties must be stated in detail. Continue on other side of form if necessary.)

POSITION TO WHICH DEMOTION OCCURS

Department _____
Division _____
Title _____

Permanent _____ Temporary _____ If temporary, state why and period for which demotion is requested _

FT _____ PT _____ Intermittent _____
Voluntary _____ Involuntary _____

Duties (*Actual* duties must be stated in detail. Continue on other side of form if necessary.)

Reason why this demotion or change in status occurred _____

I hereby consent to the demotion of _____

Signature of officer authorized by law to make personnel transactions _____
Name _____
Title _____

I state that I have seen this form. Signing this form does not indicate that I agree or disagree with action taken or relieve me of my appeal rights.

Signature of Employee _____