



NOTICE OF VOLUNTARY OR INVOLUNTARY DEMOTION

I. EMPLOYEE INFORMATION/REQUEST

Jurisdiction: { } District Court { } Circuit Court County: _____
 { } AOC/JIS { } COA/CSA/CRA

Employee Name: _____ Current PIN: _____

Demotion Request: { } Voluntary { } Involuntary

II. CURRENT POSITION

Current Department: _____ Physical Location: _____

Current Job Title: _____ Current Job Code: _____

Current Grade/Step: _____ Current Salary: _____

III. NEW POSITION

Effective Date of Change: _____

New PIN (if different): _____

New Department: _____ New Physical Location: _____

New Job Title: _____ New Job Code: _____

New Grade/Step: _____ New Salary: _____

New Supervisor: _____ New Office Phone #: _____

IV. APPROVAL

Supervisor Signature / Date

Administrative Official Signature / Date

Please Attach All Related Documentation and Return to:

Administrative Office of the Courts
 Human Resources Department, Employment Services
 580 Taylor Avenue, A-1
 Annapolis, MD 21401

V. RECEIVED/ASSIGNED (HR USE ONLY)

Date Received in HR: _____

To Recruitment Staff: _____

To Transactions Staff: _____