



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

**VOLUNTARY DEMOTION FORM
COMPETITIVE TO COMPETITIVE**

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 competitive position of _____ in the _____ department. **I understand that I am relinquishing all rights to my current position.**

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