

EMPLOYEE DEMOTION LETTER

Employee Name: _____ Position: _____

Department: _____ Employee ID: _____

Subject:

Notice of Demotion

Dear Employee,

This letter serves as formal notification of your demotion within the company. This action is undertaken in accordance with company policies and applicable United States law. The decision has been made after careful consideration and is effective immediately.

Reason for Demotion:

The primary reasons for this decision include, but are not limited to, performance issues, failure to meet job expectations, violations of company policy, or other factors as discussed in prior communications and documented performance reviews.

New Position and Responsibilities:

You will be reassigned to the position of _____. Your new responsibilities will include those typically associated with this position as outlined in the company job description and as directed by your supervisor.

Compensation and Benefits:

Your compensation will be adjusted to reflect the new position, with an effective salary of _____. All other terms and benefits will be consistent with company policy for your new position.

Acknowledgment and Acceptance:

Please acknowledge your understanding and acceptance of this demotion by signing below. If you have any questions regarding this change, please contact the Human Resources department.

Legal Compliance:

This demotion has been issued in compliance with all applicable federal and state laws, including but not limited to laws prohibiting discrimination and ensuring fair labor practices. The company affirms that no unlawful motives influenced this decision.

Right to Appeal:

You have the right to appeal this decision pursuant to the company's internal policies and procedures. Please submit any appeal in writing within the timeframe stipulated in the employee handbook.

Confidentiality:

This document and the information contained herein are confidential and intended solely for internal use. Disclosure outside of authorized company personnel is prohibited.

EMPLOYEE SIGNATURE

SUPERVISOR SIGNATURE

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____

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