

SAMPLE – Demotion without Prejudice

[Date]

[Name]

[Address]

Dear **[Mr./Ms. Last Name]**:

The purpose of this letter is to advise you that you have been selected to fill the position of **[classification]** in the **[agency]**, effective **[date and time]**. Within the provisions of the West Virginia Division of Personnel *Administrative Rule*, W. VA. CODE R. §143-1-11.4, this constitutes a demotion without prejudice from your current position of **[classification]** and does not in any way reflect on your job performance. Your current annual salary will **[remain the same or be reduced to \$]**.

I am pleased that you have chosen to pursue different job duties within our agency by applying for this posted vacancy and requesting this demotion without prejudice. I am confident that **[name]**, **[title]**, your new supervisor, is also looking forward to working with you in your new assignment.

In accordance with the Division of Personnel Policy DOP-P12, *Pay Plan Implementation*, I must advise you that during the next twenty-four (24) months certain limitations are imposed on any subsequent promotion within the agency.

For any appeal rights you may have, please refer to W. VA. CODE §6C-2-1 *et seq.*, the West Virginia Public Employees Grievance Procedure. If you choose to exercise your grievance rights, you must submit your grievance, on the prescribed form, within fifteen (15) working days of the effective date of this action, to **[name and address of Chief Administrator]** at Level One of the Procedure. As provided in the statute, you may proceed to Level Three of the Procedure by filing your grievance directly with the Public Employees Grievance Board upon the agreement of the chief administrator, or when dismissed, suspended without pay, or demoted or reclassified resulting in a loss of compensation or benefits. You must provide copies of your grievance accordingly to the Public Employees Grievance Board at 1596 Kanawha Boulevard, East, Charleston, West Virginia, 25311; **[agency copy - name and address]**; and the Director of the Division of Personnel, Building 6, Room B-416, State Capitol Complex, Charleston, West Virginia, 25305. Details regarding the grievance procedure, as well as grievance forms, are available at the Board's web site at www.pegb.wv.gov or you may telephone the Board at (304) 558-3361 or toll-free at (866) 747-6743.

Sincerely,

[Authorized Signature]

c: Agency Personnel File
West Virginia Division of Personnel

[OPTIONAL LANGUAGE - *If the employer meets with the employee and hand delivers the letter, the employer may request that the employee verify receipt by signing the following acknowledgment typed at the bottom of the letter.*]

I have received a copy and am aware of the contents of the foregoing letter

Employee Signature

Date

[OPTIONAL LANGUAGE - *If mailed via U. S. Postal Service, the following certification may be typed at the bottom of the letter.*]

The undersigned certifies that the above letter / notification was mailed to **[name]** by first-class and certified mail, return receipt requested, on the _____ day of _____, 20_____.

[signature]_____

[typed name and title]

[NOTE: Revised 6/2013. Ensure law, rule, and policy language is current.]