

NIAGARA COUNTY CIVIL SERVICE

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

VOLUNTARY DEMOTION FORM COMPETITIVE TO NON-COMPETITIVE

TO: NIAGARA COUNTY CIVIL SERVICE

Dear Personnel Officer:	
Be advised that I;	, request permission for a
voluntary demotion from my competitive position	n as a
in thedepartment to	o a non- competitive position of
i	n the
department. I understand that I am relinquishi	ing all rights to my current position
and am relinquishing my competitive status wi	ith all rights and privileges including
layoff & preferred list rights, section 75 rights, and any others associated with	
competitive status.	
Incumbent's Signature	Date
Be advised that I approve the above menti	ioned voluntary demotion effective
New Appointing Authority's Signature & Title	Date
Approved	Disapproved
Effective Date of Voluntary Demo	otion
	Dated
Joseph A. Vacanti Jr. Personnel Officer	Dated