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Exhibit K

# EMPLOYEE DEMOTION NOTIFICATION

Name of Employee: \_\_\_\_\_

1. Date of Notice: \_\_\_\_\_

2. Reason(s) for the demotion:

3. Effective date of the demotion: \_\_\_\_\_

\_\_\_\_\_  
City Administrator/Manger Signature

\_\_\_\_\_  
Date

*I have been informed and understand that I may appeal this disciplinary action, within ten (10) days, to an Appeals Board, and then to the North Ogden City Council. I have also been informed and understand that during the appeals process I may be represented by legal counsel.*

*I have reviewed and received a copy of this form.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date