

	<b>COOK COUNTY HEALTH &amp; HOSPITALS SYSTEM</b> <b>CCHHS</b>	<b>COOK COUNTY HEALTH &amp; HOSPITALS SYSTEM</b> <b>EMPLOYMENT PLAN - SUPPLEMENTAL POLICIES</b>	
<b>TITLE: DEMOTION</b>		<b>PAGE 1 of 1</b>	
<b>Date of Approval:</b> <b>06-10-2016</b>  <b>Effective Date:</b> <b>10-17-2016</b>	<b>Policy Number: 02.01.20</b>  <b>Associated Personnel</b> <b>Rules: 2.07 and 4.10</b>	<b>Policy Form: Request for Approval of Demotion Form</b>	

**PURPOSE:** To provide guidelines for implementing a Demotion.

**AREAS/EMPLOYEES COVERED:** This Policy applies to all Departments and to all Employees. To the extent that any provision in this Policy conflicts with a specific provision in any CBA, the provision in the CBA shall govern provided it does not permit or involve the use of any Unlawful Political Contact or Unlawful Political Discrimination. If any provision in this Policy conflicts with a specific provision in the Plan, the provision in the Plan shall govern.

**POLICY AND PROCEDURE:** Employees may be subject to Demotion pursuant to the CCHHS Personnel Rules and the Plan, if and as applicable, in accordance with the following procedures:

No Political Reasons of Factors. No Employee holding a Position may be subject to a Demotion based on any Political Reasons or Factors.

Conditions for Demotion. A demotion shall refer to the transfer of an Employee from a Position in one classification to a different Position in another classification in a lower grade. An Employee may be demoted to a position within the same Department or to a position within another Department provided that the employee possesses the Minimum Qualifications for the Position to which he or she is being demoted.

All Demotions shall be subject to the approval of the Chief of Human Resources. A demotion shall be based upon unsatisfactory work performance. An Employee who is demoted shall be required to serve a six (6) month probationary period in the new job classification.

The Department Head shall complete a Demotion Request Form and send it to the Chief of Human Resources or his or her designee for approval.

The Chief of Human Resources or his or her designee shall review the request and determine whether the Demotion is appropriate and in compliance with this Policy, the CCHHS Personnel Rules and the Plan. The Chief of Human Resources may consult with the Department Head to request additional information prior to making his or her determination. The Chief of Human Resources or his or her designee shall approve or deny the request and send written notice of his or her determination to the Department Head, with a copy to the EPO and the CA, while acting. If the Demotion is approved, DHR shall take appropriate action to implement the Demotion if the Position is vacant.

Please reference the CCHHS Personnel Rules for additional detail on the Demotion Policy.

NPCC. All Employees participating in any Employment Action related to any Demotion must also sign a NPCC certifying that no Political Reasons or Factors were considered.

**DEMOTION FORM**  
Policy Number: 02.01.20

**REQUEST FOR APPROVAL OF DEMOTION**

Date: \_\_\_\_\_

TO: Chief of Human Resources

Department: \_\_\_\_\_

Department Head: \_\_\_\_\_

Name of Employee recommended for demotion: \_\_\_\_\_

Current Position: \_\_\_\_\_ Date of placement in the Position: \_\_\_\_\_

Recommended Demotion Position: \_\_\_\_\_

Department: \_\_\_\_\_

Describe in detail the basis or bases for the requested/recommended Demotion (Attach all relevant supporting documentation.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

**DEPARTMENT HEAD CERTIFICATION**

I hereby certify that my request for demotion described above is not based on any Political Reasons or Factors and is in compliance with the Demotion Policy and the Plan.

I certify that I am aware that I am strictly prohibited from conditioning, basing or knowingly prejudicing or affecting any term or aspect of CCHHS employment or hiring upon or because of any political reason or factor as defined in the Employment Plan or knowingly inducing, aiding, abetting, participating in, cooperating with or threatening any act which is proscribed above. I certify, under penalty of perjury, as provided by the law that, to the best of my knowledge, Political Reasons or Factors did not enter into any Employment Actions taken with respect to the above Request for Demotion. I understand that failure to comply with the above prohibitions may result in sanctions, including disciplinary action up to and including termination and may subject me to criminal prosecution.

Signed: \_\_\_\_\_ Print name: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**DHR CHIEF DETERMINATION**

Request approved: \_\_\_\_\_

Request denied: \_\_\_\_\_

**CHIEF OF HUMAN RESOURCES CERTIFICATION**

I certify that I am aware that I am strictly prohibited from conditioning, basing or knowingly prejudicing or affecting any term or aspect of CCHHS employment or hiring upon or because of any political reason or factor as defined in the Employment Plan or knowingly inducing, aiding, abetting, participating in, cooperating with or threatening any act which is proscribed above. I certify, under penalty of perjury, as provided by the law that, to the best of my knowledge, Political Reasons or Factors did not enter into any Employment Actions taken with respect to the above Demotion Request and Determination. I understand that failure to comply with the above prohibitions may result in sanctions, including disciplinary action up to and including termination and may subject me to criminal prosecution.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Print name: \_\_\_\_\_