



505 E. 2600 N. North Ogden, UT 84414
[O] 801-782-7211 | [F] 801-737-2219
E-Mail aspend@nogden.org
www.northogdencity.com

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