

Salary Reduction Request

Agency: **Clemson University (H12)**

Employee Name: _____ Emplid: _____

Current Dept/Pos. Number: _____

Current Title/Job Code: _____/_____

Band: _____ Salary Range: \$ _____ \$ _____ \$ _____

Dept/Pos # Upon Demotion: _____

Title/Job Code Upon Demotion: _____/_____

New Band: _____ Salary Range: \$ _____ \$ _____ \$ _____

Request: To reduce the incumbent's salary by _____% from \$ _____
to _____.

Please check and explain type of demotion and give reason for the salary reduction:

Voluntary Demotion

In-Voluntary Demotion

Justification:

Employee Signature

Dean/Director/Dept Head Signature

Approved **Disapproved** **Effective Date:** _____

**Classification, Compensation & Recruitment
Clemson University Agency Authorized Signature**

Date