



**County of San Bernardino  
CHECKLIST FOR  
DEMOTION  
(Disciplinary Action)**

*Must print in Black or Blue ink ONLY*

<b>Employee ID</b>	<b>Rcd No.</b>	<b>Last Name, First Name</b>
<b>Department</b>		

**REQUIRED**

- [Job Action Request \(JAR\)](#)
- [Employment Status and Wage Notification](#)

Copy of signed Order of Disciplinary Action  
(*first and signature page*)

**REQUIRED (IF APPLICABLE)**

- [Bilingual Compensation Request – Level I\\*](#)
- [Bilingual Assessment & Compensation Request – Levels II or III\\*](#)
- [Bilingual Questionnaire/Justification - Levels II or III\\*](#)

- [Bilingual Assessment & Compensation Request – Safety Unit](#)
- [Personal Information/Emergency Contacts](#)
- [Underfill Agreement\\*](#)

\*Special Districts: Send to Special Districts Human Resources

***Incomplete Packets Will Be Returned***