



NOTICE OF DISCIPLINARY ACTION NON-UNION EMPLOYEE

NAME: _____ DATE: _____

DEPARTMENT: _____ POSITION: _____

ACTION:

<input type="checkbox"/> SUSPENDED WITHOUT PAY FOR:		HOURS	DAYS	RETURNING TO WORK ON:
<input type="checkbox"/> FINED:	DOLLARS	TO BE PAID:	<input type="checkbox"/> LUMP SUM	<input type="checkbox"/> BI-WEEKLY PAYROLL DEDUCTION
			<input type="checkbox"/> OTHER	
<input type="checkbox"/> DEMOTED:	TO:			
<input type="checkbox"/> DISMISSED:	EFFECTIVE DATE:			

NATURE OF CHARGES: *(USE ADDITIONAL PAGES IF NECESSARY)*

NOTE TO EMPLOYEE: IN ACCORDANCE WITH THE EMPLOYEE DISCIPLINARY POLICY, WITHIN FIVE (5) WORKING DAYS OF RECEIVING THIS FORM, YOU MAY APPEAL 1) THE CHARGES OF MISCONDUCT; AND/OR 2) THE DISCIPLINARY ACTION TAKEN AGAINST YOU, BY FILING A WRITTEN NOTICE OF APPEAL WITH THE DEPARTMENT DIRECTOR/DIVISION ADMINISTRATOR. YOU MAY ALSO APPEAL THE DECISION OF THE DIRECTOR/ADMINISTRATOR TO THE CITY ADMINISTRATOR BY PRESENTING A WRITTEN REQUEST FOR APPEAL TO THE CHIEF HUMAN RESOURCES OFFICER WITHIN FIVE (5) WORKING DAYS OF THE RECEIPT OF THE DECISION OF THE DEPARTMENT DIRECTOR/DIVISION ADMINISTRATOR. THE CHIEF HUMAN RESOURCES OFFICER WILL ASSEMBLE ALL RELEVANT INFORMATION AND PREPARE A RECOMMENDATION FOR THE CITY ADMINISTRATOR'S CONSIDERATION. YOU WILL RECEIVE A COPY OF THAT RECOMMENDATION AND YOU WILL RECEIVE THE WRITTEN FINAL DECISION OF THE CITY ADMINISTRATOR.

ACTION TAKEN BY:

DIRECTOR/ADMINISTRATOR DATE

EMPLOYEE SIGNATURE *(INDICATES RECEIPT ONLY)* DATE

NOTE: THIS FORM MUST BE DELIVERED PERSONALLY TO THE EMPLOYEE OR VIA MAIL TO THE EMPLOYEE'S HOME ADDRESS ON FILE WITH THE HUMAN RESOURCES DIVISION.