

Separation from a Probationary Appointment Template

Hand Delivered or Certified Mail Return Receipt. Letter or Memorandum

Date/Employee/Name/Position/Title/Address/Unit

**Subject: Termination of Probationary Appointment**

Sample Letter

Dear \_\_\_\_\_

This is to inform you that your probationary appointment as a(n) \_\_\_\_\_ (classification) will end on \_\_\_\_\_ (date). Please contact \_\_\_\_\_ (name) the Health Benefits Representative) at \_\_\_\_\_ (phone number) concerning your final pay and benefits information.

Please return your ID badge, keys and any state property to \_\_\_\_\_ (name) and remove all personal belongings from the workplace by \_\_\_\_\_ (date).

We wish you well in your future endeavors.

Sincerely,

cc :           Appropriate Management Chain  
              Personnel File

I acknowledge receipt of this termination of my probationary appointment.

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Written Warning Template

Hand Delivered or Certified Mail Return Receipt. Letter or Memorandum

Date/Employee/Name/Position/Title/Address/Unit

**Subject:** Written Warning for (Unsatisfactory Job Performance, Grossly Inefficient Job Performance or Unacceptable Personal Conduct)

**The action, category, and policy(s) violated- Example:**

You are being issued a written warning for (unsatisfactory job performance or unacceptable personal conduct) as defined in Section 7, page #, of the State Personnel Manual (page # for job performance or page # for personal conduct) (Also include any violation of an internal policy or procedure if it is a violation of a known or written work rule. (If violation is Unacceptable Job Performance, include the definition)

**Specific factual reasons for the action**

Tell the story: State how management was made aware of the incident? Using names, who reported the incident to whom, on what date, and what did they report? Also using names, list any witnesses to the incident, and observers/reviewers of video surveillance, etc. Include verbiage from written statements from everyone involved, if available. Cite specific policy violation(s) and the policy(ies) - explain how the actions of the employee violated the policy cited.

**Example:**

Specifically, on February 20, 2006, you were given a directive to process twenty special case files by March 10, 2006. You were advised that this project was a director's priority and to inform me immediately if you had any problems in meeting this deadline. On March 10, 2006, I reviewed your case files and discovered that you had only processed three of the case files.

**Employee Side - Example: (Requires written statement.)**

I met with you to discuss my concerns regarding your failure to process the case files as instructed. You stated that you had a lot of interruptions and it interfered with you being able to process the case files. You also stated that you did not understand how to process some of the cases. I asked you why you did not make me aware of the problem as you were instructed. You did not offer me a reasonable explanation.

**Specific Improvements/timeframe allowed to resolve the performance or conduct problem - Example:**

You are to complete the remaining 17 case files by March 15, 2006. Again, should you encounter any problems, let me know immediately.

**Consequences for failing to make required improvement - Example:**

Failure to make improvements as indicated above or any other incidents of unsatisfactory job performance and/or unacceptable personal conduct may result in additional disciplinary action up to and including dismissal.

**State overall efforts taken to help employee meet required improvement:**

You have been provided training and I have worked with you to bring your case files current on two previous occasions (state dates and specific, related training.)

**Referral to EAP if appropriate:**

The Employee Assistance Program (EAP) is a confidential service designed to help employees resolve problems that may be affecting their personal or work life. EAP provides confidential referrals to appropriate resources. If you wish to schedule an appointment or seek additional information, please contact, (Name) EAP Consultant at 1-800-telephone number or contact (Human Resources Manager/Employee Relations Specialist name & number).

**Employee Grievance Rights: Permanent Employee**

As a permanent employee, you have the right to appeal this written warning within fifteen (15) calendar days, in accordance with DHHS Directive III-8, Employee Grievance Policy (copy attached). For more information you may contact (Human Resources Manager/Employee Relations Specialist name & number).

**Encouragement - Example:**

I am confident that you will correct this performance issue and I look forward to a positive resolution.

Attachment: DHHS Directive III-8, Employee Grievance Policy

cc : Appropriate Management Chain  
Personnel File

**If Hand Delivered:**

I acknowledge receipt of this written warning and copy of Directive III-8, Employee Grievance Policy.

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Pre-Disciplinary Conference Template

Hand Delivered or Certified Mail Return Receipt. Letter or Memorandum

Date/Employee/Name/Position/Title/Address/Unit

**Subject:** Notice of Pre-Disciplinary Conference

**Date, time, and location of the conference:**

This notice is being furnished to you in connection with a Pre-Disciplinary Conference to be held at (time) on (day/date) in (office of or room and number).

**Names and title(s) of individual(s) in attendance at the conference:**

Bill Jones, Program Director and I (Supervisor) will be conducting this meeting.

**Purpose of the conference:**

The purpose of this conference is to ensure that the decision to be made is not based on misinformation and to give you an opportunity to respond.

**Inform the employee that attorneys and witnesses cannot be present:**

In accordance with State Personnel Policy, attorneys are not to be present during the pre-disciplinary conference.

**Action(s) Under Consideration:**

(Disciplinary Suspension Without Pay, Demotion, or Dismissal) is being recommended based on ( unacceptable personal conduct or unsatisfactory job performance) as described in the incidents as follows:

**A summary of the relevant facts supporting the recommended action in sequential order, numbered (if applicable).**

- On June 20, 2006, a co-worker witnessed you take a patient by one arm and pull the patient out of bed. The patient fell to the floor and injured his hip.
- On that same day another co-worker witnessed you go the Nurses Station on C Floor, take medicine from the tray and place the medicine in your pocket.

We don't have to actually name the accusers etc. in the conference notice. We do need to name accusers in the conference and disciplinary letter. (Just ID the patients by first name or initials).

**Inform the employee of the opportunity to respond to the proposed action:**

You will have the right to respond to this proposal in the conference and offer information. Your response will be reviewed and considered before a final decision is made.

**Consequences for failing to attend the conference:**

If you do not attend the conference and have not discussed rescheduling, a decision will be made based on the information available.

cc :                   Appropriate Management Chain  
                          Personnel File

**If Hand Delivered:**

I acknowledge receipt of this Notice of Pre-Disciplinary Conference.

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Disciplinary Suspension Without Pay Template

Hand Delivered or Certified Mail Return Receipt. Letter or Memorandum

Date/Employee/Name/Position/Title/Address/Unit

**Subject: Disciplinary Suspension Without Pay**

**The action, category, and policy(s) violated.**

Following our pre-disciplinary conference on(date) and based on all available information, it is the determination of management that a disciplinary suspension without pay is the most appropriate action to be taken, effective (day/date). This action is based on (unsatisfactory job performance or unacceptable personal conduct) as defined in Section 7, (page # for job performance or page # for personal conduct), of the State Personnel Manual. Also include any violations of an internal policy or procedure if it is a violation of a known or written work rule. (If violation is UJP, include the definition)Your suspension will be from (list out the dates of the suspension and the employees leave dates) You are expected to return to work on (day/date) at your scheduled time of (a.m./p.m.).

**Specific factual reasons for the action in sequential order, numbered (if applicable).** Require written statements, if applicable.

Tell the story: State how management was made aware of the incident? Using names, who reported the incident to whom, on what date, and what did they report? Also using names, list any witnesses to the incident, and observers/reviewers of video surveillance, etc. Include verbiage from written statements from everyone involved, if available. Cite specific policy violation(s) and the policy(ies) - explain how the actions of the employee violated the policy cited.

**Pre-Disciplinary Conference.**

During our pre-disciplinary conference on (date) with (who attended the conference), you were allowed an opportunity to share any new information that would cause management to change the course of this action. You stated (a brief summation of the employee's side of story and include any admissions denials or explanations for performance or conduct action). You did not present any significant information to dispute the facts obtained in the investigation.

**Reference Active Disciplinary Actions.**

You have (blank #) active disciplinary actions (dates) for unsatisfactory job performance and/or unacceptable personal conduct in your personnel file.

**Specific improvements required to resolve the performance or conduct problem.**

State expectations for correction; timeframes; how monitored; consequences for not correcting; etc. Failure to make improvements as indicated above or any other incidents of unsatisfactory job performance and/or unacceptable personal conduct may result in additional disciplinary action up to and including dismissal.

**Referral to EAP if appropriate.**

The Employee Assistance Program (EAP) is a confidential service designed to help employees resolve problems that may be affecting their personal or work life. EAP provides confidential referrals to appropriate resources. If you wish to schedule an appointment or seek additional information, please contact, (Name) EAP Consultant at 1-800-telephone number or contact (Human Resources Manager/Employee Relations Specialist name & number).

**Employee Grievance Rights.**

As a permanent employee, you have the right to appeal this suspension within fifteen (15) calendar days from receipt of this letter/notice in accordance with DHHS Directive III-8, Employee Grievance Policy (copy attached). For more information you may contact (Human Resources Manager/Employee Relations Specialist name & number).

Attachment: DHHS Directive III-8, Employee Grievance Policy

cc : Appropriate Management Chain  
Personnel File

**If Hand Delivered:**

I acknowledge receipt of this disciplinary suspension without pay and copy of Directive III-8, Employee Grievance Policy.

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Demotion Template

Hand Delivered or Certified Mail Return Receipt. Letter or Memorandum

Date/Employee/Name/Position/Title/Address/Unit

**Subject: Demotion**

**The action, category, and policy(s) violated.**

Following our pre-disciplinary conference on(date) and based on all available information, it is the determination of management that a demotion from your current position as (position title/salary grade/annual salary amount), to (position title/salary grade/annual salary amount) is the most appropriate action to be taken, effective (day/date). This action is based on (unsatisfactory job performance or unacceptable personal conduct) as defined in Section 7, (page # for job performance or page # for personal conduct), of the State Personnel Manual. Also include any violations of an internal policy or procedure (if it is a violation of a known or written work rule. If violation is UJP, include the definition). Your demotion will be effective (date).

**Specific factual reasons for the action in sequential order, numbered (if applicable).**

Tell the story: State how management was made aware of the incident? Using names, who reported the incident to whom, on what date, and what did they report? Also using names, list any witnesses to the incident, and observers/reviewers of video surveillance, etc. Include verbiage from written statements from everyone involved, if available. Cite specific policy violation(s) and the policy(ies) - explain how the actions of the employee violated the policy cited.

**Pre-Disciplinary Conference.**

During our pre-disciplinary conference on (date), with (who attended the conference), you were allowed an opportunity to share any new information that would cause management to change the course of this action. You stated (a brief summation of the employee's side of story and include any admissions denials or explanations for performance or conduct action). You did not present any significant information to dispute the facts obtained in the investigation.

**Reference Active Disciplinary Actions.**

You currently have (blank #) of active disciplinary actions (give dates of actions and if they were for conduct or performance) in your personnel file. (also include any documented counseling)

**Expectations of new position.**

State expectations for new position; timeframes for meeting expectations; how monitored; consequences for not correcting; etc. Failure to make improvements as indicated above or any other incidents of unsatisfactory job performance and/or unacceptable personal conduct may result in additional disciplinary action up to and including dismissal.

**Referral to EAP if appropriate.**

The Employee Assistance Program (EAP) is a confidential service designed to help employees resolve problems that maybe affecting their personal or work life. EAP provides confidential referrals to appropriate resources. If you wish to schedule an appointment or seek additional information, please contact, (Name) EAP Consultant at 1-800-telephone number or contact (Human Resources Manager/Employee Relations Specialist name & number).

**Employee Grievance Rights.**

As a permanent employee, you have the right to appeal this action within fifteen (15) calendar days from receipt of this letter/notice, in accordance with DHHS Directive III-8, Employee Grievance Policy (copy attached). For more information you may contact (Human Resources Manager/Employee Relations Specialist name & number).

Attachement: DHHS Directive III-8, Employee Grievance Policy

cc : Appropriate Management Chain  
Personnel File

**If Hand Delivered:**

I acknowledge receipt of this demotion and copy of Directive III-8, Employee Grievance Policy.

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Dismissal Template

Hand Delivered or Certified Mail Return Receipt. Letter or Memorandum

Date/Employee/Name/Position/Title/Address/Unit

**Subject: Dismissal**

**The action, category, and policy(s) violated.**

Following our pre-disciplinary conference on (date) and based on all available information, it is the determination of management that dismissal from your position as a (Position title) in the (Division/Facility/School/unit/section) is the most appropriate action to be taken, effective (day/date). This action is based on (unsatisfactory job performance or unacceptable personal conduct) as defined in Section 7, (page # for job performance or page # for personal conduct), of the State Personnel Manual. Also include any violations of an internal policy or procedure if it is a violation of a known or written work rule. (If violation is UJP, include the definition.

**Specific factual reasons for the action in sequential order, numbered (if applicable).**

Tell the story: State how management was made aware of the incident? Using names, who reported the incident to whom, on what date, and what did they report? Also using names, list any witnesses to the incident, and observers/reviewers of video surveillance, etc. Include verbiage from written statements from everyone involved, if available. Cite specific policy violation(s) and the policy(ies) - explain how the actions of the employee violated the policy cited.

**Pre-Disciplinary Conference.**

During our pre-disciplinary conference on (date), with (who attended the conference), you were allowed an opportunity to share any new information that would cause management to change the course of this action. You stated (a brief summation of the employee's side of story and include any admissions, denials or explanations for performance or conduct action). You did not present any significant information to dispute the facts obtained in the investigation.

**Reference Active Disciplinary Actions.**

You currently have (blank #) of active disciplinary actions (give dates of actions and if they were for conduct of performance) in your personnel file. (also include any documented counseling)

**Employee Grievance Rights.**

As a permanent employee, you have the right to appeal this written warning within fifteen (15) calendar days from receipt of this letter/notice in accordance with DHHS Directive III-8, Employee Grievance Policy (copy attached). For more information you may contact (Human Resources Manager/Employee Relations Specialist name & number).

Please contact (Benefits Representative/Human Resources Manager/Employee Relations Specialist at (number) concerning your final pay and benefits information. Please make immediate arrangements to return any and all property belonging to the (division/facility/school unit) and make arrangements to pick up your personal belongings from the office with (name of supervisor and number) to arrange a time.

Attachment: DHHS Directive III-8, Employee Grievance Policy

cc : Appropriate Management Chain  
Personnel File

**If Hand Delivered:**

I acknowledge receipt of this dismissal and copy of Directive III-8, Employee Grievance Policy.

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Voluntary Resignation Without Notice Template

Letter or Memorandum

Date/Employee/Name/Position/Title/Address

**Subject:** Voluntary Resignation Without Notice

**Type of action, effective date, issue**

Effective (day/date), you were separated from your position as a (position title) with the (Division/Facility/School) due to your failure to report to work as scheduled on (dates).

**Reference Policy**

Pursuant to Section 11 of the State Personnel Manual, "**Separation, Voluntary Resignation Without Notice**", *states*, "An employee voluntarily terminates employment with the State by failing to come to work without giving written or verbal notice or when the employee is absent from work without approval for a period of at least three consecutive, scheduled workdays."

**Specific efforts made to contact employee. Include dates, times, messages left, number called employee, etc:**

On (date), I tried to contact you by phone at (telephone number) \_\_\_\_\_ and was unable to reach you. Attempts to reach you were made as follows:

- July 10, 2006 at 8:00 a.m., left a message on your machine for you to call me.
- July 11, 2006 at 1:00 p.m., left a message for you to call me with an individual who identified herself as Sherry Black
- On July 12, 2006 at 7:00 p.m., left a message on your machine stating if you did not report to work by 8:00 a.m. on July 13, 2006, you would be separated under state policy as a voluntary resignation without notice.

**Request all state property**

Upon receipt of this letter, please contact me at (number) to make arrangements to return your keys, ID badge, and any other state property in your possession. If you do not return your keys, ID badge and other state property by (date) the cost of these items will be deducted from your final paycheck.

**Advise employee to contact the Benefits Representative regarding final pay and benefits:**

Should you have any questions regarding your final pay and benefits, you may contact (Name and number of Benefits Representative/Human Resources Manager/Employee Relations Specialist).

I wish you the best in your future endeavors.

cc :                   Appropriate Management Chain  
                          Personnel File

## Reassignment Agreement Template

Letter or Memorandum

Date/Employee/Name/Position/Title/Address

**Subject:** Reassignment Agreement

**Type of Action (Reassignment), policy, current and new position, salary grade and salary**

Pursuant to Section 4, pages 18-19, reference Reassignment; you have voluntarily accepted a reassignment from (current position/salary grade/salary amount) to (new position/salary grade/salary amount). The terms and conditions of this reassignment are as follows:

**Specifics of agreement**

1. This action is a voluntary one, agreed to between employee and supervisor.
2. This action will be effective on [date].
3. This action is a permanent move and not a temporary one
4. Your current salary (\$xxxx) will/will not change. (Your salary will change to (\$yyyyy) effective the date of this action.)
5. This document contains the total mutual agreement between the parties.
6. This reassignment is not a grievable issue under state or agency policy.
7. These conditions are acceptable to you, as indicated by your signature on the appropriate space at the bottom of this document.

You will receive a copy of this agreement.

I acknowledge and understand the terms of this Reassignment Agreement.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

## [Separation Due to Unavailability Guidelines](#)

An employee may be separated on the basis of unavailability when the employee becomes or remains unavailable for work after all applicable leave credits have been exhausted and management does not grant a leave without pay, or does not extend a leave without pay period, for reasons deemed sufficient by the division/facility/school. This action may be grieved or appealed.

Definitions for Separation due to Unavailability When Leave is Exhausted:

- (a) Unavailability – (1) the employee's inability to return to all of his/her position's essential duties and work schedule due to a medical condition or the vagueness of a medical prognosis; or (2) the employee and the agency cannot reach agreement on a return to work arrangement that meets both the operating needs of the agency and the employee's medical/health needs.
- (b) Applicable leave credits –the sick and/or vacation/bonus leave the employee chose to exhaust prior to going on leave without pay.

**Prior to separating an employee for unavailability, DHHS practice is to follow the model separation due to unavailability leave using the shell letters as follows:**

- Complete the [Separation Due to Unavailability Checklist](#)
- Hold a conference with the employee ( Refer to the [Unavailability When Leave is Exhausted Scheduling Letter](#))
- **Review of Accommodations Letter** (when required)
- Separate the employee. (Refer to the **Separation Letter**)

### Separation Due to Unavailability Checklist

1. ( ) Check to be sure that all sick/vacation/bonus leave have been exhausted and that the employee is not currently on FMLA leave or short term disability.
2. ( ) Notify the employee of their proposed separation, the specific efforts undertaken to avoid it and why the efforts were unsuccessful.
3. ( ) Give the employee an opportunity to propose accommodations.
4. ( ) Notify the employee that the proposed accommodations are reasonable or give them a projected date for the decision.
5. ( ) Carefully consider whether any of the proposed accommodations are reasonable and whether they would create a significant hardship in the workplace.
6. ( ) If no accommodations are possible, give written notice to the employee of that fact and the proposed date of separation.
7. ( ) Provide the employee a letter of separation containing the effective date of separation, the specific reasons for the separation and appeal rights.

## Unavailability When Leave Is Exhausted - Scheduling Letter

Date

Employee  
Address

--via certified mail--

RE: Conference pertaining to your availability/unavailability to work  
Scheduled for \_\_\_date at \_\_\_o'clock  
Location:

Dear Employee:

This letter is to inform you that I have scheduled a conference with you at \_\_\_o'clock on \_\_\_date. The purpose of the conference is to discuss whether you should be separated from your employment as a (title, salary grade) due to unavailability when leave is exhausted.

Enclosed, please find a copy of Section 11 of the State Personnel Manual setting forth the requirements for separation due to unavailability when leave is exhausted. You will be given every opportunity to discuss all of the issues raised in Section 11 of the State Personnel Manual at the conference, so please prepare accordingly. Please be prepared to propose alternative methods of accommodation as mentioned in the Manual.

A preliminary review of your personnel records indicates that you have used your leave as follows:

1. Sick Leave: You took authorized sick leave on the following date:  
At that point in time, you exhausted all sick leave.
2. Vacation Leave: You requested and were granted vacation leave on the following date:  
At that point in time, you exhausted all vacation leave.
3. Bonus Leave: You requested and were granted bonus leave on the following date:  
At that point in time, you exhausted all bonus leave.
4. FMLA Leave (if applicable): You qualified for FMLA leave and FMLA leave was applied on the following dates:
5. Authorized Leave Without Pay (if applicable): You requested and were granted leave without pay on the following dates:

At our conference on \_\_\_\_\_(date), please be prepared to confirm or to document any dispute which you may have with the above schedule of leave credits.

Please feel free to call me or to consult with Human Resources about the contents of this letter or about our upcoming conference.

Yours truly,

Manager

Enclosure: State Personnel Manual, Section 11

Unavailability When Leave Is Exhausted-Review of Accommodations Template (when required)

Date

Employee  
Address

--via certified mail--

RE: Unavailability When Leave is Exhausted/  
Review of proposed or alternative accommodations  
(Section 11, of the State Personnel Manual)

Dear Employee:

The accommodations which were proposed during or as a result of our conference of \_\_\_date are currently under review. You can reasonably expect to receive a decision on those proposed accommodations by\_\_\_\_\_date.

Yours truly,

Manager

Enclosure: State Personnel Manual, Section 11

## Unavailability When Leave Is Exhausted - Separation Template

Date

Employee

Address

--via certified mail--

RE: Separation due to Unavailability When Leave is Exhausted

Dear Employee:

On the \_\_\_ day of \_\_\_\_\_, you participated in a conference regarding whether you should be separated from your employment as a (job title) due to unavailability when leave is exhausted. We discussed all of the issues raised in Section 11 of the *State Personnel Manual* setting forth the requirements for separation due to unavailability when leave is exhausted. After due consideration of all of the facts and the issues raised by you in our conference of \_\_\_ date, the agency has decided that it is unable to provide accommodations which would allow you to continue employment. The purpose of this letter is to inform you that you are being separated from your employment, effective \_\_\_\_\_ (last day of employment) due to unavailability when leave is exhausted.

1) Exhaustion of all applicable leave credits

1. Sick Leave: You took authorized sick leave on the following date:  
At that point in time, you exhausted all sick leave.
  
2. Vacation Leave: You took authorized vacation leave on the following date:  
At that point in time, you exhausted all vacation leave.
  
3. Bonus Leave: You took authorized bonus leave on the following date:  
At that point in time, you exhausted all bonus leave.

You were informed that no further leave could be approved; therefore, you must report for work. You have, however, remained unavailable to perform all of the essential functions of your job.

2) Efforts made by the Agency to Accommodate You in the Past The Agency has provided light duty, leave without pay, etc.

3) Alternative Methods of Accommodation

1. Proposed by You: You proposed the following/ did not make any proposals:  
However, the agency was unable to adopt your proposals because of:
  
2. Proposed by the Agency: Between ----dates, the agency provided light duty for you etc; The agency is no longer able to provide or continue to provide these types of accommodations because:

You may appeal this decision within 15 calendar days of your receipt of this letter through the Departmental Grievance Policy, DHHS Directive III-8, a copy of which is attached for reference. Your appeal should be filed at Step 2 of the grievance procedure using DHHS Form 0660 and submitted to your Division/Facility/School Human Resources Office. If you have any questions concerning your appeal rights, you should contact \_\_\_\_\_ in the Human Resources office.

Yours truly,  
Manager

Enclosures:      1) Directive III-8  
                         2) State Personnel Manual, Section 11

## Investigatory Placement With Pay Template

Hand Delivered or Letter or Memorandum

**TO:** Employee Name/Position Title  
**FROM:** Manager/Supervisor  
**RE:** **Investigatory Placement with Pay**

**Type of action, effective date, reference Policy:**

In accordance with Section 7, p. 20 of the State Personnel Manual and DHHS Policy, you are being/were placed on investigation with pay effective (day/date). This period of investigation status should last for no longer than thirty (30) days. This action is not considered disciplinary and, therefore, is not grievable.

**Reasons for the action:**

You are being placed on investigatory leave with pay while an investigation is being conducted into incidents of unacceptable personal conduct and/or unsatisfactory job performance resulting from (briefly state incident i.e. ....your administration of the Division/Facility/School contracts involving Jones Community Action, Kids at Risk, and Robeson County Community Action.) You will be provided ample opportunity to present any information regarding your actions in these incidents.

**Provide specific instructions regarding the placement:**

During this period of investigation status, you are directed not to return to the job site without prior permission from John Doe, Deputy Director or (manager/supervisor). You are directed not to have any discussions or contact with any of the division/facility/school staff or contact providers for any reason. If you do, you may be subject to disciplinary action. At the completion of this investigation, you will be notified of the results and further action, if any, that need to be taken. Please also be advised that during this investigatory placement, you are directed to remain available during your normal work hours and ready to report to work within a reasonable period of time after being notified via your telephone number of record.

**Request all state property**

You are to turn over your keys and ID badge, which will remain in my possession until the investigation is complete. Should you need access to any personal belongings during this period, you may call me and I will make arrangements for you to retrieve those items. Should you have any questions concerning this placement, you may contact (Name of Human Resources Manager/Employee Relations Specialist at number).

I acknowledge receipt of this investigatory placement with pay.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

cc: Management Chain  
Personnel File

**Proposed Dismissals, Demotions And Disciplinary Suspensions Template**

**Proposed Dismissals, Demotions And Disciplinary Suspensions**  
**Fax to Central Office Employee Relations Section (919-715-0991)**  
**PROPOSED DISMISSALS, DEMOTIONS AND DISCIPLINARY SUSPENSIONS**  
**or notify by telephone (919-733-2660). Do not E-Mail.**

Date of Call: \_\_\_\_\_ Person Reporting \_\_\_\_\_

Division/Facility/School:

Employee Name: \_\_\_\_\_

Age: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: M  F  Known Disabilities: \_\_\_\_\_

Accommodations (date/type):

Work Unit: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position/Classification: \_\_\_\_\_ Salary Grade: \_\_\_\_\_

Most recent EOD: \_\_\_\_\_ Permanent: Yes  No

Prior Disciplinary Actions(s) – Type and Date

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Proposed Action and Effective Date:

Reason(s) for Proposed Action:

Date of Pre-Disciplinary Conference:

Date of Local ER Specialist Review (where applicable):

Date of Local HR Review:

Local HR Recommendation (explain basis):

**Following Pre-Disciplinary Conference but Prior to Finalizing Action, Fax Disciplinary Document Draft to Central ER for Review and Input**

For Central Office ER use only

Information received by: \_\_\_\_\_

Disposition: \_\_\_\_\_