

State of Alabama Unified Judicial System Form PERS-32 Rev. 6/96	NOTICE OF TERMINATION OF EMPLOYMENT (Complete in triplicate)	Date
TYPE OF ACTION: <input type="checkbox"/> Termination Without Prejudice <input type="checkbox"/> Dismissal <input type="checkbox"/> Job Abandonment		
PART I. Employee Identification		
Last Name	First M.I.	Social Security Number
PART II. Narrative		
<p>The purpose of this notice is to advise you of my intention to terminate your employment effective _____ a.m. / p.m. on _____ for the reasons listed below. However, before making my final decision, you are advised of your right to appear before me and to submit any written comments you may wish to make on Part III of this form at that time.</p> <p>Return this form to me by _____ a.m. / p.m. on _____</p>		
Title of Administrator	Name of Administrator	Signature of Administrator
PART III. Employee's Comment		
Employee's Signature		Date

PART IV. Administrator's Decision (PERS 32, page 2)

1. ☐ You are hereby notified that your employment will be Terminated Without Prejudice to be effective as of _____ a.m. / p.m. on _____.
2. ☐ You are hereby notified of your Dismissal from your employment to be effective as of _____ a.m. / p.m. on _____.
3. ☐ Your unauthorized absence of _____ consecutive days constitutes a resignation NOT in good standing, and you are hereby notified of the official termination of your employment because of Job Abandonment which will be effective as of _____ a.m. / p.m. on _____.
4. ☐ This action is not subject to appeal since you have not earned permanent status in any class in the Alabama Unified Judicial System during this term of your employment.
5. ☐ You are hereby advised that if you wish to appeal this action, you must within ten (10) calendar days after the effective date of this action notify the **Administrative Director of Courts, 300 Dexter Avenue, Montgomery AL 36104**, of your appeal by letter setting forth a written answer to this action by the administrator.
6. ☐ I have decided not to terminate your employment at this time.

Administrator's Signature

Date

PART V. (Employee shall complete this section only if eligible to appeal. Return one copy your administrator.)

1. ☐ I do not intend to appeal.
2. ☐ I do intend to appeal by letter to the Administrative Director of Courts, and understand it must be done within ten (10) calendar days after the effective date of the action if the appeal is to be considered.

Employee's Signature

Date