

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: _____