



STATE OF FLORIDA DEPARTMENT OF JUVENILE JUSTICE

CONFIDENTIAL DISCIPLINARY ACTION CHECKLIST & APPROVALS

EMPLOYEE'S NAME (PRINT): _____ DATE: _____

Title: _____ Position Number: _____ PF ID #: _____

REGION: _____ CIRCUIT: _____ Facility/Unit: _____

Requestor: _____ Phone #: _____

- EMPLOYEE STATUS:
- Probationary (Has not attained Permanent Status in any class)
 - Probationary (Has previously attained Permanent Status)
 - Permanent (Has completed a probationary period)
 - Selected Exempt Service
 - OPS

TYPE OF DISCIPLINE REQUESTED:

- Oral Reprimand Dismissal Suspension: _____ Number of Days Requested
- Written Reprimand Extraordinary Dismissal Demotion Abandonment

HAS EMPLOYEE BEEN REMOVED FROM CLIENT CONTACT? Yes No N/A

HAS AN I.G. INVESTIGATION BEEN CONDUCTED? Yes No N/A

If Yes: Date Completed: _____

BRIEF DESCRIPTION OF EMPLOYEE HISTORY

1. Length of Service with State of Florida: _____ Years _____ Months
2. Length of Service with DJJ: _____ Years _____ Months
3. Agency Hire Date: _____
4. Last three Performance Ratings _____ (Attach Appraisals)
5. Counseling and Disciplinary History:

REASON FOR DISCIPLINARY ACTION:

1. List the specific DMS Standard(s) of Conduct, which the employee violated:

2. State the specific reason(s) for disciplinary action:

ATTACHMENTS:

Please attach ALL relevant documents. All items must be included, submitted to, and approved by the appropriate reviewing authority before any disciplinary action is taken. Place a check mark next to all attachments that are included.

- Copies of previous disciplinary history (including relevant counseling memo's)
- Witness list
- Copy of DJJ Handbook receipt signed by employee
- Copy of last three performance evaluations
- Copy of I.G. Report (if applicable) N/A
- Copy of Internal Investigation Completed at facility
 - Chronology of Events
 - Pre-Investigative Conference Notes (Questions and Responses)
- All Applicable Facility Operating Procedures (FOP's)
- Proposed Draft Letter (relates to All types of disciplinary actions)
- All other Supporting Documentation
- Copy of Videotape (if applicable) NA
- Relevant training records showing training provided to employee

NAME OF CONTACT WHO WILL ASSIST GENERAL COUNSEL: _____

TITLE OF CONTACT : _____ TEL. #: _____

FAX. #: _____

PROPOSED AGENCY WITNESSES:

(Attach brief written statements as to what the witness will testify to)

EMPLOYEE NAME	YES/NO		ADDRESS	TELEPHONE#
	<input type="checkbox"/> Y	<input type="checkbox"/> N		
	<input type="checkbox"/> Y	<input type="checkbox"/> N		
	<input type="checkbox"/> Y	<input type="checkbox"/> N		
	<input type="checkbox"/> Y	<input type="checkbox"/> N		
	<input type="checkbox"/> Y	<input type="checkbox"/> N		

AUTHORIZATION TO FORWARD TO OFFICE OF GENERAL COUNSEL:

_____ Approved
Supervisor Signature Print Name Date Not Approved

Comment(s):

_____ Approved
Superintendent/Chief Probation Officer Print Name Date Not Approved
Signature

Comment(s):

_____ Approved
Regional Office Personnel Liaison Print Name Date Not Approved
Signature

Comment(s):

_____ Approved
Region Chief/Director Signature Print Name Date Not Approved

Comment(s):

_____ Approved
Assistant Secretary/ELT Member Print Name Date Not Approved
Signature (if applicable)

Comment(s):

Date forwarded to General Counsel Office _____