

**VETERANS' PREFERENCE
SAMPLE TERMINATION LETTER**

DATE
NAME
ADDRESS

Dear _____,

You are hereby notified that the City of _____ intends to **demote you/remove you** from your position as **(identify position)**. The statutory ground(s) for your proposed discharge is/are:

(incompetence) and/or **(misconduct)**

The specific factual grounds for your proposed **demotion/discharge**, based on the information currently available, include but are not limited to:
(set forth specific facts)

Non Union Employees:

Pursuant to the Veterans Preference Act, Minn. Stat. §197.46, if you are an honorably discharged veteran you have the right to request a hearing on your removal within sixty (60) days of receipt of this notice. Your request for a hearing must be made in writing to _____ . Failure to request a hearing within this sixty (60) days period shall constitute a waiver of the right to a hearing. Such failure shall also waive all other available remedies for reinstatement to your position.

Union Employees:

Your Appeal Rights: You may appeal this proposed action under the Collective Bargaining Agreement (union grievance) or you may appeal the action under the Veterans' Preference Act, Minn. Stat. § 197.46. If you appeal this proposed action, you must choose either a grievance under the applicable Collective Bargaining Agreement or compensation plan or an appeal under the Veterans' Preference Act.

Veterans' Preference Hearing: Pursuant to the Veterans' Preference Act, Minn. Stat. §197.46, if you are an honorably discharged veteran, you have the right to request a hearing on your removal within sixty (60) days of receipt of this notice. Your request for a hearing must be made in writing to **(identify appropriate recipient in the City's HR office)**. Failure to timely request a hearing within this sixty (60) day period shall constitute a waiver of the right to a hearing. Such failure shall also waive all other available remedies for reinstatement to your position. You are also required to identify the name, mailing address and telephone number of your choice of representative for the veteran's preference hearing panel during this same 60 day timeframe. Please include this information in your communication to the City's HR

office. Failure to timely request a hearing and/or failure to identify your hearing representative within the sixty (60) day period shall constitute a waiver of the right to a hearing and waiver of all other available remedies for reinstatement to your position.

You must provide the city with a copy of your DD214 form establishing that you are an eligible, honorably discharged veteran. Please forward the necessary proof to my attention within five (5) days of receipt of this notice.

If you have any questions, please contact me.

Sincerely,

Personnel Director