



ESCAMBIA COUNTY BOARD OF COUNTY COMMISSIONERS
Non-Union Disciplinary Action Form

Employee:

Date:

Job Classification:

Department:

This is to notify you that you are receiving the following in accordance with the County's Disciplinary principles.

() Reprimand () Suspension () Involuntarily Demoted () Terminated

A description of the rule, standard, policy or a reasonable expectation of employment that has been violated that includes date(s) and action(s) is attached.

[X] Continued on attached sheet(s)

APPROVALS

Supervisor/Manager

Date

Department Director

Date

County Administrator/Designee

Date

EMPLOYEE RECEIPT ACKNOWLEDGEMENT:

I ACKNOWLEDGE receipt of a copy of this Disciplinary Action. My signature does not imply that I agree. I understand I can appeal this action to the Merit System Protection Board (MSPB) which allows 10 calendar days from receipt of this action to file an appeal. Employees whose positions are not covered by the MSPB may appeal this action to the County Administrator.

Employee Signature

Date

() **Employee refused to sign this Notice of Disciplinary Action**

IMPLEMENTATION:

This action is Effective on _____ (date) _____ (time)

In case of suspension, the employee shall report back to work _____ (date/time).

The length of the suspension is: _____ (number of hours)

I hereby certify that on _____ (date) at _____ (time), I delivered () **or** forwarded by certified mail () a true copy of the foregoing notice to the employee named herein.

AFFIANT SIGNATURE



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Additional Page

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