

Written Notice

Section I

Employee's Name _____ Agency _____

Offense Date(s) _____ Issued Date _____ Inactive Date* _____

Issued by: _____
Print name Title Signature

*Inactive date is the issued date:
• plus 2 years for a Group I,
• plus 3 years for Group II, or
• plus 4 years for Group III.

Section II - Offense

Type of Offense: Check one and include Offense Category (See Addendum for Written Notice Offense Codes/Categories)

Group I _____ Group II _____ Group III _____

Nature of Offense and Evidence: Briefly describe the offense and give an explanation of the evidence. (Additional documentation may be attached.)

Documentation attached? Yes _____, # of pages _____; No _____

Section III – Disciplinary action taken in addition to issuing written notice

Suspension from _____ through _____ Return to Work _____ #Days Suspended ** _____
Date Date Date/Time

Transfer or demotion (check below as appropriate)

Reduced Duties with _____ % disciplinary pay reduction*** effective _____
Date

**Note: FLSA exempt employees may be suspended in whole days only.

Disciplinary Transfer – Same Pay Band with _____ % disciplinary pay reduction*** effective _____
Date

Demotion to lower Pay Band with _____ % disciplinary pay reduction*** effective _____
Date

New Role Title _____ New Position # _____ New Location _____

***Note: Salary reduction of at least 5% is required. Also requires HR approval

Termination _____
Effective Date

Section IV – Circumstances considered

Describe any circumstances or background information used to mitigate (reduce) or to support the disciplinary action above.

(Additional documentation may be attached.) Documentation attached? Yes _____, # of pages _____ No _____

Section V - Notice to employee

It is expected that the situation described above will be corrected immediately in accordance with the Standards of Conduct for employees and/or the performance measures outlined in your Employee Work Profile. **A Written Notice may be used in place of a Notice of Improvement Needed Form, and may affect your overall performance rating.** In the event that this situation is not corrected, or another offense occurs, you may be subject to further disciplinary action as outlined in the Standards of Conduct Policy. **If you wish to appeal this disciplinary action, you may do so under the provisions of the Employee Grievance Procedure within 30 calendar days of your receipt of this Written Notice.** For more information about the Employee Grievance Procedure contact the Department of Human Resource Management's Office of Employment Dispute Resolution (EDR) at (804) 786-7994, toll-free at 1-888-23-ADVICE (1-888-232-3842), by FAX at (804) 786-1606, or by e-mail at edr@dhrm.virginia.gov.

Section VI – Employee's signature

Employee Signature _____ Date _____

Your signature only acknowledges receipt of the notice and notes the date of receipt. Your signature does not imply agreement or disagreement with the notice itself. If you refuse to sign, someone in a supervisory position within the agency will be asked to initial the form indicating that you received a copy of the form and date of receipt.

Employee refused to sign/unavailable to sign Witness Initials _____ Date _____

Employee receives original, department and HR receive copies

WRITTEN NOTICE OFFENSE CODES

01	Attendance/excessive tardiness
02	Leaving work without permission
03	Failure to report without notice
04	3 days absent without authorization
11	Unsatisfactory Performance
12	Uniform violation/personal grooming
13	Failure to follow instructions and/or policy
14	Safety rule violation
31	Violation of Policy 1.05, Alcohol and Other Drugs
32	Violation of Policy 1.80, Workplace Violence
33	Violation of Policy 2.05, Equal Employment Opportunity
34	Violation of Policy 2.30, Workplace Harassment
35	Abuse of state time
36	Obscene or abusive language
37	Disruptive behavior
38	Conviction of moving traffic violation while using a state vehicle
51	Unauthorized use of State property or records
52	Computer/Internet misuse
53	Failure to report misdemeanor (if required)
54	HIPAA violation
55	Fraternization with patient/inmate/client
56	Insubordination
57	Refusal to work overtime as required
71	Sleeping during work hours
72	Theft
73	Threats or Coercion
74	Falsifying records
75	Gambling
76	Criminal conviction
77	Damaging state property or records
78	Interference with state operations
79	Unlawful weapons possession
81	Patient/inmate/client abuse
99	Other (describe)