# Section I

W r i t t e n N o t i c e

Employee’s Name Agency

Offense Date(s) Issued Date Inactive Date\*

\*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.

Issued by:

Print name Title Signature

# 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

Date Date Date/Time

**Transfer or demotion (check below as appropriate)**

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

Reduced Duties with % disciplinary pay reduction**\*\*\*** effective

Date

#Days Suspended \*\*

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

Date

**\*\*\***Note: Salary reduction of at least 5% is required.

Also requires HR approval

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

Date

New Role Title New Position # New Location

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 |
| 33 | Violation of Policy 2.05, Equal Employment Opportunity |
| 35 | Abuse of state time |
| 36 | Obscene or abusive language |
| 37 | Disruptive behavior |
| 38 | Conviction of moving traffic violation while using a state vehicle |
| 39 | Violation of Policy 2.35, Civility in the Workplace |
| 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) |