

NOTICE OF DISCIPLINARY ACTION

To Employee: You or your representative may appeal this disciplinary action to the Cabinet Secretary of your department (if your agency is not headed by a Cabinet Secretary, appeal must be made to the agency head). The appeal **must** be in writing and filed within 15 calendar days after your receipt of this written notice.

To Agency: **COMPLETE IN DUPLICATE.** Give one copy to the employee; and retain one copy for your files. Please do not send copy to Department of Budget and Management.

This action must be processed via the DBM Office of Personnel Services and Benefits electronic Statewide Personnel System (SPS).

Name of Employee

Classification

SPS Employee ID No.

Check appropriate box and complete:

Pursuant to Title 11, subtitle 1 of the State Personnel and Pensions Article, and COMAR 17.04.05.04, the above-referenced employee:

is reprimanded.

forfeits ____ Annual Leave days.

is suspended without pay for ____ work days from _____ through _____.

is denied an annual pay increase effective _____.

is demoted to _____ at _____, effective _____.
(Classification) (Salary Level)

DATE OF INCIDENT THAT PROMPTS THIS DISCIPLINE: _____.

DATE WHEN INCIDENT WAS DISCUSSED WITH THE EMPLOYEE: _____

Explain what the employee did that merits disciplinary action (state the facts): (Attach pages as necessary)

Cite the law(s), regulation(s), or policy(ies) violated:

Copy to Employee: _____ ☐ In Person ☐ Mailed to: _____
(Date) _____

(Date) (Name of Department)

(Name and Signature of Appointing Authority)