



CAMERON COUNTY CIVIL SERVICE COMMISSION

NOTIFICATION OF DISCIPLINARY ACTION

Department: _____ Date: _____

Employee: _____

On _____ (date) you were given a copy of Documentation of Proposed Third Level Discipline and were given the opportunity to respond in writing.

_____ You have chosen not respond and the discipline indicated on said form will be imposed effective _____.

_____ I have received and considered your response, and it is my decision to take the following action:

_____ No disciplinary action will be taken at this time

_____ You are suspended for _____ working days, beginning _____

_____ You are demoted to _____ effective _____ . Your new pay rate is \$ _____ hourly/bi-weekly.

_____ You are discharged effective _____.

_____ Other: _____

Department Head or Designee

Employee's Signature

Date

NOTICE: You have the right to file an appeal with your Department Head. Should you choose to exercise that right, your appeal must be filed with your Department Head on the Employee Appeal Form to Department Head with seven (7) calendar days of your receipt of this notification. A copy must also be filed with the Director of Human Resources/Civil Service Director.

- Cc: Elected Official/Department Head (original)
- Director of Human Resources/Civil Service Director
- Supervisor
- Employee