



Written Notice

Section I

Employee's Name & ID#:		Agency:	
Offense Date(s):	Issued Date: <small>Click here to enter a date.</small>	Inactive Date:* <small>Click here to enter a date.</small>	
<small>*Note: Inactive Date is the issued date plus: 2 years for a Group I; 3 years for a Group II; and 4 years for a Group III.</small>			
Issued by:			
Print Name: <small>Click or tap here to enter text.</small>	Title: <small>Click or tap here to enter text.</small>	Signature:	

Section II – Offense

Type of Offense: Check one and include Offense Category (see Written Notice Offense Codes – page 2)		
<input type="checkbox"/> Group I:	<input type="checkbox"/> Group II:	<input type="checkbox"/> 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: <input type="checkbox"/> Yes, # of pages		<input type="checkbox"/> No

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

<input type="checkbox"/> Suspension from: <small>Click here to enter a date.</small> Through: <small>Click here to enter a date.</small>	<input type="checkbox"/> Return to Work: (date and time) <small>Click or tap here to enter text.</small> #Days Suspended** <small>Click or tap here to enter text.</small>
<small>**Note: FLSA exempt employees may be suspended in whole days only.</small>	
Transfer or demotion (check below as appropriate)	
<input type="checkbox"/> Reduced Duties with <small>Click or tap here to enter text.</small> % disciplinary pay reduction*** effective <small>Click here to enter a date.</small> <small>***Note: Salary reduction of at least 5% is required. Requires HR approval.</small>	
<input type="checkbox"/> Disciplinary Transfer – Same Pay Grade with <small>Click or tap here to enter text.</small> % disciplinary pay reduction*** effective <small>Click here to enter a date.</small>	
<input type="checkbox"/> Demotion to lower pay grade with <small>Click or tap here to enter text.</small> % disciplinary pay reduction*** effective <small>Click or tap to enter a date.</small>	
New Job Title:	New Position#:
New Location:	
<input type="checkbox"/> Termination <small>Click here to enter a date.</small>	

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: <input type="checkbox"/> Yes, # of pages <input type="checkbox"/> 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 affect your overall performance rating. If 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-ADVISE (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.
<input type="checkbox"/> 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 or policy
14	Safety rule violation
31	Violation of DHRM Policy 1.05, Alcohol and Other Drugs
33	Violation of DHRM 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 operating 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)