

**Written Notice**

**Section I**

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| Employee’s Name & ID#: | Agency: |
| Offense Date(s): | Issued Date: Click here to enter a date. | Inactive Date:\* Click here to enter a date. |
| \*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. |
| Issued by:

|  |  |  |
| --- | --- | --- |
| Print Name: Click or tap here to enter text. | Title: Click or tap here to enter text. | Signature:  |

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**Section II – Offense**

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| Type of Offense: Check one and include Offense Category (see Written Notice Offense Codes – page 2) |
| [ ] 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**

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

**Section IV – Circumstances considered**

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| 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**

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| 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**

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| 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 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)** |
|  | Updated 3/24/22 |

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