

**HILLSBOROUGH COUNTY CLASSIFIED EMPLOYEE
NOTICE OF DISCIPLINE AND OPPORTUNITY TO APPEAL
(CIVIL SERVICE FORM 5)**

TO:

Employee Name _____ Job Title _____
Street Address _____ City _____ State _____ Zip Code _____

FROM:

Appointing Authority Representative _____ Appointing Authority Representative Job Title _____ Name of Employing Organization _____
Signature _____ Date _____

You are hereby notified that, under the provisions of Section 11 of the Civil Service Law (Chapter 2000-445, Laws of Florida, as amended); and, Hillsborough County Civil Service Rule 11, the disciplinary action(s) identified below is/are being taken with regard to your employment.

CHECK ONE:

The below action was the subject of your pre-disciplinary or administrative due process hearing that was conducted on _____ (DATE)

You waived the right to a pre-disciplinary or administrative hearing.

Discipline Description (For dismissals and demotions, include the effective date. For suspensions without pay, include the total number of days, the first date not paid, and the last date not paid. For demotions, include the "from" and "to" job title and pay grade.):

Dismissal, effective

Demotion, effective

From: (job title and pay grade)

To: (job title and pay grade)

Suspension: # of days

From (first day not paid):

To (last day not paid):

The REASON(s) for this action is/are (# pages(s) of relevant information attached):

OPPORTUNITY TO APPEAL

If you believe this decision is in error, you may appeal the disciplinary action to the Civil Service Board. Your appeal request MUST be submitted electronically at www.hccsb.org, or in writing using the CS Form 5A, to the Civil Service Office at 601 E. Kennedy Blvd., Suite 1700, Tampa, Florida 33602 no later than ten [10] calendar days from the date you sign this form or the date the completed form is delivered to you via certified mail. For further information, you may call the Civil Service Office at 813-274-6763.

Sign and date this notice to acknowledge receipt and understanding of your opportunity to appeal this action.

Employee Signature Acknowledging Receipt:

Date:

(Instructions to Appointing Authority: A copy of the completed Form 5 must be provided to the Civil Service Office prior to the expiration of the employee's period to file an appeal.)

RECEIVED BY THE CIVIL SERVICE OFFICE: