



HILLSBOROUGH COUNTY CLASSIFIED EMPLOYEE NOTICE OF DISCIPLINE AND OPPORTUNITY TO APPEAL

TO:

Employee Name	Job Title	Employee ID
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 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 (**FILE AN APPEAL**) using **CS Form 5A**, or in writing using CS Form 5A, to the Civil Service Office at 601 E. Kennedy Blvd., Suite 1800, Tampa, Florida 33602 no later than ten [10] calendar days from the date of the Formal Notice of Disciplinary Hearing and receiving of CS Form 5 or the date you received the completed CS Form 5 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: