



STATECIVILSERVICE

JOB AIDS AND RESOURCES
Template – Suspension Letter
(Assumes hand delivery)

NOTE: Notice of proposed action/opportunity to respond must precede this letter. (Rule 12.7)

September 15, 2013

Dear Employee:

You will be suspended, without pay, for 40 hours (from 8:00 a.m. September 23, 2013, to 4:30 p.m. September 27, 2013) for failing to comply with our smoking policy. Department Policy No. 1990-S-123 prohibits smoking “anywhere in the Main Office Building, including the elevators, rest rooms, employee lounge, maintenance rooms, and broom closets.” Department Policy No. 1990-S-124 permits smoking in the Smoke Break Room located in Building A and outside.

On August 22, 2013, at 3:00 p.m., you were smoking in Elevator #2 in the Main Office Building. Pat Supervisor reminded you that the department smoking policy prohibited smoking anywhere in the building and that any further violation of the policy would result in discipline. Nonetheless, on September 2, 2013, at 10:15 a.m. you were smoking in the maintenance room on the fourth floor. Again, on September 3, 2013, at 2:30 p.m. you were smoking in the third floor broom closet. By letter dated September 5, 2013, you were given an opportunity to respond to these charges. In your response dated September 7, 2013, you state that the smoking policy is unfair.

To foster better health and to reduce the amount of sick leave taken, the administration of this agency is committed to providing a smoke free environment for our employees. Your undermining this commitment will not be tolerated. If you continue to fail to comply with the department's smoking policy, you will be dismissed.

You have the right to appeal this action to the State Civil Service Commission within 30 calendar days following the date you receive this notice. The appeal procedure is contained in Chapter 13 of the Civil Service Rules, which is available from the Department of State Civil Service or your Human Resource office.

Sincerely,

Appointing Authority

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Hand delivered to employee on _____, 20____, at _____ .m.

Deliverer's signature

Employee's signature

NOTE: If Employee will not sign for the letter, Deliverer should so state.