

Hillsborough County Notice of Discipline Form

TO:

DATE:

You are hereby notified that under the provisions of Chapter 2019-183, Laws of Florida and the Hillsborough County Employee Discipline and Appeal Policy, you are:

☐ SUSPENDED

☐ DEMOTED

☐ DISMISSED

The **REASON for the action is:** [Describe in detail the reason for the disciplinary action.]

The above action was the subject of your Pre-Disciplinary Hearing conducted on [Insert Date]. You may appeal this action by submitting an *Employee Discipline Appeal Request Form* to Hillsborough County's Appeal Intake Office no later than ten [10] calendar days from the official date of receipt of this notification. For more information about the appeal process or to access appeal forms, you may contact the Appeal Intake Office by calling (813) 274-1626 or visiting www.hillsboroughcounty.org/DisciplineAppeal.

You should acknowledge receipt of this Notice of Discipline by signing and dating below.

Appointing Authority/Department: _____

Signature and Title of Agency Head (or designee):

[Insert Title of Agency Head here]

Receipt Acknowledged:

Employee's Signature

Date