

(Agency Letterhead)

DATE

EMPLOYEE NAME

ADDRESS

CITY, STATE, ZIP

Dear EMPLOYEE NAME,

Pursuant to North Dakota Administrative Code (NDAC) § 4-07-19-06, this letter serves as the final action notice in the disciplinary process regarding the pre-action notice that was issued to you received on DATE. The purpose of this letter is to notify you that I have completed my review of the information before me and made a final decision regarding the alleged underlying incident(s) that appeared to provide cause for disciplinary action up to and including termination from your position (name) with (employer). You provided a written response to the pre-action letter dated DATE. In making this decision, I reviewed the pre-action notice, your response, your personnel file, and (any other documents/interviews/investigation into allegations done).

The basis for the proposed action is as follows:

(LIST PERFORMANCE/CONDUCT/CONCERNS)

INSERT EMPLOYEE'S RESPONSE TO ALLEGATION(S)

EXPLAIN DECISION REGARDING THAT ALLEGED CONDUCT – this shows the employer addressing the issue, the employee's response, and the supervisor's decision and why that decision was made after considering the information and what contributed to that decision. Include progressive discipline taken to address the issue.

If the conduct is a violation of a serious nature indicate why the conduct is severe enough to warrant bypassing progressive discipline.

Statement of why conduct/performance/concerns are cause "conduct or factors related to a regular employee's job duties, job performance, or working relationships that is detrimental to the discipline and efficiency of the service in which the employee is or was engaged."

Your conduct is in violation of:

POLICY VIOLATIONS IF THEY ARE RELEVANT

After a review of all of the information before me, I have determined that your continued employment would be detrimental to the discipline and efficiency of the AGENCY for the reasons discussed above. After a review of all of the information before me, I have determined that you have engaged in serious misconduct. Therefore, you are hereby terminated from your position with AGENCY effective DATE. As this action is effective today, your final paycheck for the time on administrative leave up through today

will be issued on the next regular payday and will be direct deposited. Your health insurance will be paid through **DATE**. You may contact NDPERS at 328-3900 to inquire about your other benefits.

Under Section 4-07-20.1-06 of the NDAC, you have the right to appeal this decision to Human Resource Management Services. In order to start the appeal process, you must first process a grievance through the internal grievance procedure outlined in **Chapter X of the AGENCY** Policy Manual, or you may request a waiver (AGENCY POLICY REFERENCE). Internal grievances must be made within fifteen (15) working days from the date of notice of the final employer action. The date of service of notice shall be considered to be the date the notice was **mailed or the date transmitted by electronic means, or absent proof of the date of mailing or delivery through electronic means, the date of actual delivery. (Pick One)** Failure to start the internal grievance procedure within fifteen (15) working days from the date of this letter may result in losing your right to appeal to Human Resource Management Services. If you are unsatisfied with the results of the internal grievance procedure you may then formally appeal to Human Resource Management Services.

Alternatively, you may request a waiver of the Internal Grievance Procedure and appeal directly to HRMS to have the appeal heard by the Office of Administrative Hearings (OAH). To do so, you and I must both sign the waiver request form (SFN 53730) to waive the Internal Grievance Procedure within fifteen (15) working days from the date of your termination. If the waiver is approved, you may file a written appeal (SFN 3096) directly to HRMS to have your appeal heard by OAH. The appeal must be delivered, mailed, or transmitted by electronic means and must be received in the HRMS Office by 5:00 p.m. within fifteen (15) working days from the date of the approved waiver. An additional fifteen (15) working days is not available if the requested waiver is denied. Therefore, you should act early to allow for a possible waiver denial if you choose to pursue one, and still allow time to initiate the internal grievance process within fifteen (15) working days of the employer action.

The appeal to HRMS must be filed on the properly prescribed appeal form with the Director, Human Resource Management Services. If you appeal to HRMS, a copy of either the completed internal agency grievance documents or the signed waiver must be included with your appeal form. For information regarding the appeal procedure before Human Resource Management Services, you should contact Human Resource Management Services, 14<sup>th</sup> Floor, State Capitol, Bismarck ND, 58505, (701) 328-3290.

Sincerely,

**NAME**  
**TITLE**

I, EMPLOYEE NAME, acknowledge that I have read and understand this memorandum and that it is to be placed in my personnel file. I further acknowledge that my signature does not necessarily indicate agreement with the contents of this document. I understand that I have the right to respond to this letter and that my response will be attached to the personnel file copy of this letter.

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Employee Signature

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Date

Cc: Employee Personnel File  
Other Persons