



Notice of Disciplinary Action

Webb County Civil Service

Employee Information

Employee Name: _____ Date: _____
Employee ID: _____ Job Title: _____
Dept. Head: _____ Department: _____

Notice of Proposed Disciplinary Previously Provided

On ___ you were provided with a Notice of Proposed Disciplinary Action.

Disciplinary Action

Pursuant to §14.2 of the Webb County Civil Service Rules and Regulations, you are provided with this Notice of Disciplinary Action. Effective, the following disciplinary action is being taken against you:

<input type="checkbox"/>	Demotion	<input type="checkbox"/>	Suspension for working days	<input type="checkbox"/>	Termination of Employment
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Details:
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Reason(s) for Disciplinary Action

You have violated the following rules, regulations and/or policies and procedures from the Webb County Civil Service Commission Rules And Regulations and the Webb County Personnel Policies & Procedures:

Additional Information

- You have the right to appeal this decision to the Civil Service Commission.
- You must file the appeal within five (5) working days of the date you received this decision by filing an Employee's Appeal Form with the Human Resources/Civil Service Coordinator at the Administrative Services Department.
- A copy of your Employee's Appeal Form must be provided to the Elected Official or Department Head who took the disciplinary action against you.
- Additional information about your rights under the civil service system can be obtained from the Human Resources/Civil Service Coordinator.

Acknowledgement of Receipt

By signing this form, you confirm that you understand the information in this notice. Signing this form does not necessarily indicate that you agree with matters set forth herein.

Employee Signature

Date

Department Head/Supervisor Signature

Date

Witness Signature (if employee refuses to sign)

Date