

GEORGIA DEPARTMENT OF CORRECTIONS

REVIEWING OFFICIAL RESPONSE

EMPLOYEE INFORMATION

Name of Employee Requesting Review: _____

Social Security Number: _____ Employee ID Number: _____

Facility/Center/Office: _____

DECISION

Decision: Relief Granted / Relief Denied / Partial Relief (Modify)
(Circle one)

Explanation (as determined necessary by Reviewing Official):

EMPLOYEE NOTIFICATION

Date employee notified of final determination of Reviewing Official: _____

Signature of Reviewing Official: _____ Date: _____

REVIEWING OFFICIAL:

Mail original of the final determination to the employee, **AND** mail copy of final determination (with attachments) to the local Human Resource office

LOCAL HR OFFICE:

Place copy of final determination (with attachments) in appropriate local and central personnel files. Mail additional copy of final determination to appropriate Region Director. (If applicable)

Record Retention: If reprimand is upheld, retain permanently in the official and local personnel files, OR if relief is granted, retain permanently in the local personnel file.