



Georgia Department of Corrections
 Name of Prison
 Address of Prison

SOP 104.64
 Attachment 1
 10/4/17

PROPOSED ADVERSE ACTION NOTICE TO EMPLOYEE

Employee's Name
 (Employee ID#)
 Address
 City, State, Zip Code

This is to advise you of my intention to take the following adverse action against you. A copy of the charge(s) for which this action is proposed is attached. *(Insert the next sentence for all adverse actions EXCEPT DISMISSALS):*
 Continued inappropriate behavior may result in further disciplinary action up to and including dismissal.

(CHOOSE ONLY ONE OF THE FOLLOWING ACTIONS):

- Salary Reduction of _____% for _____ (insert period of time) effective (insert date) _____.
- Suspension Without Pay for _____ (insert period of time) _____.
- Demotion from _____ (specify current job) to _____ (specify new job) with a _____% loss in pay, effective _____ (insert date) _____.
- Dismissal from employment effective _____ (insert date) _____.

You may request a review of this action by the Commissioner's Designee for Adverse Action within 10 calendar days from the receipt of the charge(s) or reason(s) given for the adverse action. Your response may be in writing, in person, or both. If you wish to appeal in person, it must be an agreed upon time between 8 a.m. and 4:30 p.m. Monday through Friday. In order to coordinate your written response, personal response or both, please call the following person designated to consider your response:

COMMISSIONER'S DESIGNEE FOR ADVERSE ACTION
 GIBSON HALL – 2ND FLOOR
 PO BOX 1529
 FORSYTH, GA 31029
 PHONE (478) 992-5204 FAX (478) 992-5207

You may submit affidavits or other evidence in support of your written or personal response to this proposed adverse action.

If you fail to respond to the Commissioner's Designee within 10 calendar days as set forth in this notice, you will waive all further appeal rights, including any appeal to the State Personnel Board. As a result of a failure to respond, the adverse action as proposed will become final and effective on the above-specified date without further notice.

 (Name and Title of Appointing Authority)

Employee's Signature (acknowledges receipt only) _____ Date _____

- XC: Appropriate Assistant Commissioner (Chief of Staff for those units reporting directly to the Commissioner)
 Director, Human Resources
 Appropriate Regional Director (if applicable)
 Commissioner's Designee for Adverse Action
 Legal Office Representative
 CHRM Adverse Action Coordinator
 Director of Certification Division-POST Council (for POST certified employees)
 Official and Local Personnel File