



Georgia Department of Corrections  
Name of Prison  
Address of Prison

SOP 104.65  
Attachment 1  
10/4/17

## NOTICE OF ADVERSE ACTION

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. This action is being taken as a result of (insert a brief reference to the behavior resulting in the discipline).

ADVERSE ACTION: (Include ONLY ONE OF THE FOLLOWING)

- 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 \_\_\_\_\_.

You may request a review of this action by contacting the Commissioner's Designee for Adverse Action within 3 calendar days from the receipt of this Notice of Adverse Action. Your response may be in writing, in person, or both. If you wish to request a review 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 – 2<sup>ND</sup> 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 adverse action.

If you fail to respond to the Commissioner's Designee within three calendar days as set forth in this notice, you will waive all further review rights. As a result of a failure to respond, the adverse action will become final and effective on the above-specified date without further notice. (\*If requested, a copy of your timely, written response may be placed in your official personnel file with the Final Determination of Adverse Action).

\_\_\_\_\_  
(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 Region 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

Record Retention: Retain permanently in the official and local personnel files.