

**SAMPLE DISCIPLINARY ACTION LETTER - OTHER**

Rev. 1/15

Instructions: (Do not include these instructions in the letter to the employee)

1. It is recommended that this letter be reviewed by your Regional Civil Rights Manager, or for Headquarters staff, by Employee Relations, prior to issuance.
2. Copy this sample to your letterhead and complete the sections as indicated below.
3. The employee must receive this written letter no later than five calendar days following the effective date of the discipline.
4. Send letter certified mail, return receipt requested or hand-delivered. If hand delivered, have the employee sign and date to verify receipt.
5. Following issuance provide a signed copy of this letter electronically to [CDOT\\_HRpersonnel@state.co.us](mailto:CDOT_HRpersonnel@state.co.us) for the personnel file; to your Regional Civil Rights Manager, or for Headquarters staff to Employee Relations [dot\\_employee\\_relations@state.co.us](mailto:dot_employee_relations@state.co.us)

**[Date]**

**[Last known address]**

Dear **[Prefix] [Last name of employee]:**

This letter is to notify you pursuant to State Personnel Board Rule 6-15 that I have decided to take disciplinary action. Effective **[date] (choose):**

- 1) you will be disciplinarily demoted to the position of Title. Your monthly base pay will be reduced to new salary.**
- 2) your monthly base pay will be reduced to \$ amount for # of months.**
- 3) you will be suspended without pay for # of calendar days.**
- 4) you will be prohibited from any promotions or transfers for # of months.**

On **[date]** a Board Rule 6-10 meeting was held to discuss information concerning **[Point by point account of the allegations, incidents and facts addressed. Reference any relevant documentation and previous corrective actions for the same type of performance and/or behavior, if applicable].**

In response to these allegations, incidents and facts, you provided the following information. **[Summarize the employee's response to each allegation/issue as well as any supplemental information that the employee furnished. If the employee did not respond, for whatever reason, state this fact (e.g., at the Board 6-10 meeting you did not provide any evidence to contradict your supervisor's information, nor did you present any mitigating circumstances)].**

After considering all of the information including your statements made at the meeting, **[and the supplemental information you provided on date]**, your personnel and performance history with the department, I have reached the following conclusions: That you violated **[cite the policy violation and how the employee was aware of it and/or state rule violation refer to Board Rule 6-12, reasons for discipline].**

You have a right to submit a written explanation to this disciplinary action that will be attached to each copy of this disciplinary action.

You may appeal this decision in writing to the State Personnel Board, 1525 Sherman St., 4th Floor, Denver, CO 80203, phone (303) 866-3300, fax (303) 866-5038 within 10 calendar days of receipt of this notice. The 10 day deadline also applies to allegations of discrimination. Standard appeal forms are available online at [www.colorado.gov/pacific/spb](http://www.colorado.gov/pacific/spb). If you file an appeal, also send a copy to Headquarters, Employee Relations.

I hope this information is clear. If you have any questions, please contact *[identify your Regional Civil Rights Manager or for Headquarters, Employee Relations]* or you may call my office.

Sincerely,

*[Appointing Authority]*

c: *[Add other appropriate individuals]*  
Personnel File