



CAMERON COUNTY CIVIL SERVICE COMMISSION

NOTIFICATION OF DISCIPLINARY ACTION

Department \_\_\_\_\_ Date \_\_\_\_\_

Employee \_\_\_\_\_

On \_\_\_\_\_ (date) you were given a copy of Documentation of Proposed Third Level Discipline and were given the opportunity to respond in writing.

\_\_\_\_\_ You have chosen not to respond and the discipline indicated on said form will be imposed.

\_\_\_\_\_ I have received and considered your response, and it is my decision to take the following action:

\_\_\_\_\_ No disciplinary action will be taken at this time.

\_\_\_\_\_ You are suspended for \_\_\_\_\_ working days, beginning \_\_\_\_\_

\_\_\_\_\_ You are demoted to \_\_\_\_\_ effective \_\_\_\_\_ . Your new pay rate is \$ \_\_\_\_\_ hourly/bi-weekly.

\_\_\_\_\_ You are discharged effective \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
Elected Official/Department Head

Received:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**NOTICE: You have the right to file an appeal with your Department Head. Should you choose to exercise that right, your appeal must be filed with your Department Head on the Employee Appeal Form to Department Head within seven calendar days of your receipt of this notification. A copy must also be filed with the Director of Human Resources/Civil Service Director.**

- Cc: Elected Official/Department Head (original)
Director of Human Resources/Civil Service Director
Supervisor
Employee