**Notice of Employee Disciplinary Conference**

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| --- | --- |
| **Employee Name (To):** | [employee] |
| **Supervisor (From):** | [supervisor] |
| **CC:** | [list] |
| **Date Presented:** | [date] |

This is a formal notice that I am directing you to appear at a disciplinary conference that I will conduct to determine if the possible instances of employee misconduct that I briefly summarize in this notice may warrant disciplinary action including suspension, termination, or other disciplinary action. At that time you will have an opportunity to answer the allegations that I am raising in this notice as well as to present any information about the incidents at issue. This conference will be conducted pursuant to the current Employee Discipline Policy (800-006-P). At the conclusion of this conference, I will assess all relevant and appropriate information and make a determination as to what action, if any, should be taken.

**Date and Time of Conference:**

[Date and Time]

**Location of Hearing:**

[Location]

**Allegations:**

1. [allegation one]
2. [allegation two]

**Paid Administrative Leave: [If placing the employee on paid administrative leave pending the conference add this section, otherwise delete.]**

I am placing you on administrative leave, with pay, effective immediately. You are to surrender your identification card and any keys to the building. You are not to enter or approach the building or employee parking lot unless instructed to do so by me. You are not to approach any other employees while on paid administrative leave. While on paid administrative leave you must be available to receive phone calls, notices, instructions, or other correspondence during normal working hours. You must promptly comply with all instructions while on paid administrative leave or face further disciplinary action.

**Employee Assistance Program:**

The Canton City Health Department’s “Employee Assistance Program” (EAP) provider is *Concern.* This is a service that can help you sort out options, develop a plan of action and take steps toward the positive outcome you desire. *Concern* can be confidentially reached to assist you at (330) 644-7747, with no charge to you initially.

**Service:**

I certify that a copy of this notice was served upon the individual named by the method indicated below:

[ ] Personal Service

[ ] US Regular mail to the following address:

 [list the address here]

|  |
| --- |
|  |
| [name, title] |
| [date] |

**Attachments:**

* [enter]
* [enter]