

Order of Removal, Reduction, Suspension, Fine, Involuntary Disability Separation

M _____

This will notify you that you are; ☐ removed; ☐ suspended; ☐ suspended (working); ☐ fined;
☐ involuntary disability separated; ☐ reduced in pay, from your position of

_____ and/or reduced to new position of _____
effective _____ (date) (if applicable)

The reason for this action is that you have been guilty of (List relevant R.C. 124.34 disciplinary offense(s)).
(Section not applicable for involuntary disability separation.)

Specifically:

Notice of pre-disciplinary/separation hearing given to employee: _____
(date)

Pre-disciplinary/separation hearing held or waived: _____
(date)

Employee allowed to meet with employer: ☐ Yes ☐ No

Order hand-delivered to employee: _____
(date, if hand-delivered)

If employee is suspended, list dates of suspension:

Name and Title of Appointing Authority

Signature and Date