

NOTICE OF DISCIPLINARY ACTION

To Employee:

You or your representative may appeal this disciplinary action to the Cabinet Secretary of your department (if your agency is not headed by a Cabinet Secretary, appeal must be made to the agency head). The appeal must be in writing and filed within 15 calendar days after your receipt of this written notice. Md. Code, State Personnel and Pensions Art. ("SPP"), § 11-109(c). Should you file a timely appeal, your Cabinet Secretary or agency head shall issue to you a written decision on your appeal within 15 days of its receipt (SPP § 11-109(e)); however, the failure of your Cabinet Secretary or agency head to issue a written decision within 15 days constitutes a denial of your appeal. SPP § 11-108(b). Unless that decision is the final administrative have the opportunity to have a hearing on your appeal if it is not resolved. SPP § 11-110.

decision, within 10 days of a denial you may appeal to the next level of the disciplinary process, where you will To Agency: **COMPLETE IN DUPLICATE.** Give one copy to the employee; and retain one copy for your files. Do not send copy to Department of Budget and Management. This action must be processed via the DBM Office of Personnel Services and Benefits electronic Statewide Personnel System (SPS). Classification Name of Employee SPS Employee ID No. Pursuant to Title 11, subtitle 1 of the State Personnel and Pensions Article, and COMAR 17.04.05, the abovereferenced employee (check appropriate box and complete): is reprimanded. forfeits Annual Leave days. is suspended without pay for ____ work days from _____ through _____ is denied an annual pay increase effective _____. is demoted to _____ at _____, effective _____.

(Classification) (Salary Level) DATE OF INCIDENT THAT PROMPTS THIS DISCIPLINE: DATE WHEN INCIDENT WAS DISCUSSED WITH THE EMPLOYEE: Explain what the employee did that merits disciplinary action (state the facts): (Attach pages as necessary) Cite the law(s), regulation(s), or policy(ies) violated: (Attach pages as necessary) Copy to Employee: _ _ ☐ In Person ☐ Mailed ☐ Emailed (Date) (Name of Department) (Date) (Name and Signature of Appointing Authority)

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