**STATE OF MARYLAND**

**DEPARTMENT OF BUDGET AND MANAGEMENT**

**OFFICE OF PERSONNEL SERVICES AND BENEFITS**

**301 WEST PRESTON STREET**

**BALTIMORE, MD 21201**

**NOTICE OF TERMINATION**

(Use **ONLY** for the disciplinary termination of employees in the Skilled and Professional Services, other than Special Appointments.)

**TO:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name SPS Employee ID Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address City/State Zip Code

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Classification

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Name of Employing Agency

 Under the authority of Title 11 of the State Personnel and Pensions Article (“SPP”), I hereby terminate you from your [ ]  **Skilled Service;** **[ ]  Professional Service** position effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This termination is [ ]  **With Prejudice;** **[ ]  Without Prejudice.**

 In accordance with SPP § 11-109(c), you are advised that you may appeal, in writing, this termination **within fifteen (15) calendar days** after receipt of this notice to:

 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 decision, within 10 days of a denial you may appeal to the next level of the disciplinary process, where you will have the opportunity to have a hearing on your appeal if it is not resolved. SPP § 11-110.

**CAUSE(S) FOR TERMINATION**

(Specify the rules violated and the incidents of violations with appropriate dates.)

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**EXPLANATION FOR TERMINATION**

(State why termination was determined to be the appropriate discipline.)

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DATE OF NOTICE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Appointing Authority

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Position

APPROVED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Head of Principal Unit

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| **Please maintain a copy of this notice in the Employee’s Official Personnel File.****This action must be processed via the DBM Office of Personnel Services and Benefits electronic Statewide Personnel System (SPS).** |