

HILLSBOROUGH COUNTY CIVIL SERVICE
NOTICE OF EMPLOYMENT SUSPENSION,
INVOLUNTARY DEMOTION FOR CAUSE,
OR
DISMISSAL

DATE:

TO: _____
(Employee's Name)

(Street Address)

(City, State, Zip Code)

You are hereby notified that, under the provisions of Section 11 of the Civil Service Law (Chapter 2000-445, Laws of Florida, as amended); and, Hillsborough County Civil Service Rule 11, you are:

SUSPENDED from _____ until _____ (inclusive)

DEMOTED to _____
(Classification Title and Code)
effective _____
(Date)

DISMISSED effective _____
(Date)

The REASON for this action is:

Attached is(are) _____ pages(s) of relevant information. The above action was the subject of your Pre-Disciplinary or Administrative Due Process hearing conducted on _____, 20____.

Civil Service Law and Rules provide that you may appeal this [Disciplinary/Non-Disciplinary] action to the Civil Service Board. Request for hearing must be submitted in writing and filed at the Civil Service Office no later than ten [10] calendar days from the date of receipt of this notification. You should acknowledge receipt by affixing your signature and the date in the space provided below.

Signature/Title of Appointing Authority

Department/Agency _____

Receipt Acknowledged _____
(Employee's Signature) (Date)

INSTRUCTIONS TO APPOINTING AUTHORITY

- [1] Check the action taken and effective date(s) thereof.**
- [2] Include ALL reasons for action taken in REASON section.**
- [3] If possible, personally present CS Form 5 to the employee.**
- [4] Require the employee to acknowledge receipt in writing. If employee refuses to sign, the Agency Head or duly authorized representative shall so state on CS Form 5; and, have a witness to the refusal co-sign the document.**
- [5] Provide the Civil Service Office with a copy of CS Form 5 within five (5) days of the employee's acknowledgement of receipt.**