



Georgia Department of Corrections
Name of Prison
Address of Prison

NOTICE OF PROPOSED ADVERSE ACTION

Employee's Name
(Employee ID#)
Address
City, State, Zip Code

This is to advise you of my intention to take the following adverse action against you. This action is being taken as a result of
(insert a brief reference to the behavior resulting in the discipline)_____.

ADVERSE ACTION: (Include ONLY ONE OF THE FOLLOWING)

- Salary Reduction of _____% for _____ (insert period of time)_____.
- Suspension Without Pay for _____ (insert period of time)_____.
- Demotion from _____ (specify current job)_____ to _____ (specify new job)_____ with a _____% loss in pay.
- Dismissal from employment.

This proposed adverse action is subject to review by a Disciplinary Panel. You may submit a response to the proposed adverse action, including documents and other evidence, for consideration by the Panel by sending this material to the Commissioner's Designee for Adverse Action within 3 calendar days from the receipt of this Notice of Adverse Action. Your response may be in writing, in person, or both. If you wish to speak with the CDAA in person, it must be an agreed upon time between 8:00 a.m. and 4:30 p.m. Monday through Friday. In order to coordinate your written response*, personal response or both, please call the following person designated to obtain your response:

COMMISSIONER'S DESIGNEE FOR ADVERSE ACTION
GIBSON HALL – 2ND FLOOR
PO BOX 1529
FORSYTH, GA 31029
PHONE (478) 992-5204, FAX (478) 992-5207

You may submit affidavits or other evidence in support of your written or personal response to this adverse action.

The Disciplinary Panel will review this proposed adverse action whether or not you submit any response, and you will be notified of their decision in writing within five (5) business days of their review. (*If requested, a copy of your timely, written response may be placed in your official personnel file with the Final Determination of Adverse Action).

(Name and Title of Appointing Authority)

Employee's signature (acknowledges receipt only)

Date

XC: Appropriate Assistant Commissioner (Chief of Staff for those units reporting directly to the Commissioner)
Director, Human Resources
Appropriate Region Director (If Applicable)
Commissioner's Designee for Adverse Action
Legal Office Representative
CHRM Adverse Action Coordinator
Director of Certification Division-POST Council (For POST Certified employees)
Official and Local Personnel File.

Record Retention: Upon completion, this notice shall be retained permanently in the employee's official and local personnel files.