



Georgia Department of Corrections
Name of Prison
Address of Prison

NOTICE OF TERMINATION

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

This is to advise you of my intention to take the following 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):

- Arrest by the Office of Professional Standards or on the premises of a GDC facility
- Dismissal from Basic Correctional Officer Training (BCOT)
- Failing to meet minimum qualification of said position

This adverse action is final and not subject to review.

(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.