

## Notification of Employee Disciplinary Hearing

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Name		Department	
Employee Number	•	Job Title	Date
A disciplinary hearing will be held regarding the allegation(s) listed below:			
Allegation			
The details of the hearin	ng are as follows:		
Date	Time	Location	
Disciplinary Action Being Considered			
Employee Job Status U	ntil Hearing		
Placed on paid adminis	trative leave	Placed on unpaid leave	Will resume regular job duties
any information, oral o	r written, you wi	· · · ·	ations. You will be allowed to provide lecision is made regarding disciplinary 1 no later than:
Time		Date	
the allegations. If	you have any	questions regarding the	n given the opportunity to respond to e disciplinary process, you may County Attorney at (256-519-2060).
Department Head <sub>Sign</sub>	ature		Date
Employee			Date

**CC:** Department Heads, please send a copy of the completed form to: HR Department & County Attorney