

DISCHARGE NOTICE

Distribute a copy to:

- Employee
- Employee Representative
- Department File
- Employees' Retirement System
- Dept. of Employee Relations – send within 48 hours to DERpersonnelforms@milwaukee.gov

Employee:		Employee ID No.: _____
Department:		Race:
		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Division:		Div. No.:
		Payroll Loc. No.:
Job Title:		Immediate Supervisor:

In accordance with City Service Commission Rules, you are hereby discharged effective at _____ (am / pm) on _____ (date) for violating Rule XIV, Section 12, Paragraph _____ of the City Service Rules (*additional departmental rules may be referenced as applicable*). You have three days from the receipt of this notice to file an appeal. See Right of Appeal information below.

I. Description of Offense:

II. Previous Disciplinary Actions including Warning Letters:

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DATES REQUIRED:

1. Date of investigatory meeting: _____
2. Date Discharge notice was provided to the employee or notice was mailed to employee:
Date: _____

RIGHT OF APPEAL:

Regularly appointed Civil Service employees (*those who have completed their probationary period*) may appeal in writing to the City Service Commission **within three days** of receipt of this notice. Employees of a department under the supervision of a board or commission of three or more members must appeal to that board or commission.

NOTE: If you have been issued an

Reporting Authority Signature:

Please print name:

Title:

Date:

Appointing Authority Signature:

Please print name:

Title:

employee identification card, it must be turned in to your supervisor before your final paycheck will be released.

Date: