



Department of Juvenile Justice

DISCIPLINARY ACTION OR DEMOTION REQUEST

DATE: _____

TO BE COMPLETED BY THE PROGRAM OFFICE

EMPLOYEE'S NAME: _____ PF ID#: _____

CIRCUIT/REGION/OFFICE CONTACT PERSON: _____ Phone: _____

EMPLOYEE'S SUPERVISOR: _____ Phone: _____

EMPLOYEE'S STATUS:

Probationary Permanent Career Service (CS) Selected Exempt Service (SES)

Has employee been moved from client contact? Yes No

Is an I.G. investigation pending? Yes No

REASON FOR DISCIPLINARY ACTION or DEMOTION: *(If the action is a suspension, state the number of days to be suspended.)*

TO BE COMPLETED BY THE HUMAN RESOURCES

BRIEF DESCRIPTION OF EMPLOYEE HISTORY: *(Please obtain necessary information from the Bureau of Human Resources at HR Disciplinary History Request.)*

1. Length of Service with State of Florida: _____ Years _____ Months
2. Length of Service with DJJ: _____ Years _____ Months
3. Last Three Evaluations (Overall): Provide copies from the official Human Resources Personnel file.
4. Counseling and Disciplinary History: Provide copies from official The Human Resources Personnel file.

Completed by: _____ Date Completed: _____

(Please return completed form to the requesting office.)

Requestor – Please forward completed form and all documents furnished by the Bureau of Human Resources, receipt of policies violated, copies of policy/policies violated, copy of draft predetermination letter, and any other relevant material to the General Counsel's Office.