

**Template Letter**  
**Covered Permanent Status Employee, Full Authority Peace Officer**  
**Suspension Greater than 40 Hours**

*(COPY TO AGENCY LETTERHEAD)*

Date

Name

Address

City, State, Zip Code

Dear Mr./Ms. (Last Name):

This letter is official notice of your suspension without pay from the Department of (agency name).

The period of suspension will begin at (enter the employee's normal work start time, such as 8:00 a.m.) on (date), and continue to (enter the employee's normal work end time, such as 5:00 p.m.) on (date), (enter number of hours being suspended; must be greater than 40) hours. You are to report to work at (enter the employee's normal work start time, such as 8:00 a.m.) on (date), following the suspension.

This action is taken under the authority of State Personnel Rule R2-5A-801 for cause as outlined in A.R.S. § 41-773 and R2-5B-303. (Note: If appropriate, also cite R2-5A-501, Standards of Conduct).

As a (position title) with the Department of (agency name), you are (describe primary duties). You have been an employee of the State of Arizona since (employee's hire date).

On (date), you were issued a Notice of Charges that contained allegations of misconduct. It also advised you that disciplinary action was being considered based upon those allegations and provided you with an opportunity to respond to the allegations and present facts which were pertinent to them and to provide any mitigating circumstances you wished the Department to consider. (Option #1) Your response to the Notice of Charges did not, in our judgment, disprove the allegations contained therein and it did not provide sufficient mitigating circumstances; therefore, a decision was made to proceed with the disciplinary action. (OR, Option #2) You did not respond to the Notice of Charges; therefore, a decision was made to proceed with the disciplinary action.

The specific reasons for your suspension are:

1. On (date), (explain the reasons for the suspension, specifically outlining what the employee did or failed to do).

(Include any additional information that would show the seriousness of the employee's action/inaction.) (Include any additional information that identifies any adverse impact on clients or other employees that resulted from the employee's action/inaction.)

2. On (date), (explain the reasons for the suspension, specifically outlining what the employee did or failed to do).

(Include any additional information that would show the seriousness of the employee's action/inaction.) (Include any additional information that identifies any adverse impact on clients or other employees that resulted from the employee's action/inaction.)

Your actions violated (cite specific statutory subsections, personnel rules, other rules or policies violated).

In issuing this notice, consideration has also been given to the following facts:

- On (date), you received a (type of corrective/disciplinary action or, if applicable, performance rating) for (briefly describe reason for action).
- On (date), you received a (type of action) for (briefly describe reason for action).

Your actions constitute a serious violation of Department policies and procedures. Continued violations will result in more severe disciplinary action, including dismissal.

You have the right to appeal this suspension under A.R.S. § 41-1830.16 if you wish. Your appeal must be made in writing to the Law Enforcement Merit System Council, 2102 W. Encanto Boulevard, MD 1290, Phoenix, Arizona 85005. You must file your appeal within ten working days from the effective date of this action and must state the facts with specificity upon which your appeal is based, along with the action you request of the Council.

Sincerely,

(Name of Approving Authority)  
(Title of Approving Authority)

c: Employee Personnel File  
Agency Personnel Manager

I, \_\_\_\_\_, acknowledge receipt of this notice of suspension on \_\_\_\_\_.  
(Employee's signature) (Date)