

Section 1: Employee Information

| | | | | | | |
|---|------------|-----------------------|----------------------------------|------------------------------|---------------------|-----------------|
| Employee name (Last, First MI) | | Classification | Position Number | | WWG | CBID |
| Mailing Address | | | City | State | | Zip Code |
| Work Schedule: Days | | Hours | | | | |
| Lunch Period: Sun | Mon | Tue | Wed | Thur | Fri | Sat |
| Supervisor's Name (Last, First MI) | | | Supervisor's Phone Number | | | |
| Date(s) Supervisor Called for Employee Assistance Program to Make a Formal Management Referral | | | | | | |
| Office | | | | | Billing Code | |
| Office Contact Person (Last, First MI) | | | Title | Work Telephone Number | | |
| Work Address | | City | State | | Zip Code | |

Section 2: Employee Claims

Has the employee filed any of the following claims of which your office is aware?

Type of Claim

- | | | |
|----------------------------------|----------------------------------|-----------------------------------|
| Grievance | <input type="checkbox"/> Pending | <input type="checkbox"/> Resolved |
| Limited Duty | <input type="checkbox"/> Pending | <input type="checkbox"/> Resolved |
| Non-Industrial Disability (NDI) | <input type="checkbox"/> Pending | <input type="checkbox"/> Resolved |
| Reasonable Accommodation (RA) | <input type="checkbox"/> Pending | <input type="checkbox"/> Resolved |
| State Disability Insurance (SDI) | <input type="checkbox"/> Pending | <input type="checkbox"/> Resolved |
| Worker's Compensation/IDL | <input type="checkbox"/> Pending | <input type="checkbox"/> Resolved |

If yes to any of the claims, explain briefly and provide a contact person.

ADVERSE ACTION INFORMATION SUMMARY

DGS OER 1000 (Rev. 07/2025)

Formerly DGS OHR 1000

Section 3: Recommendation and Penalty

- Letter of Reprimand Rejection During Probation Dismissal
- Reduction in Pay: Number of Days/Months % of Salary
- Suspension: Number of Days/Months Demotion to:

Section 4: Signatures

By signing below, I certify the accuracy of the information provided

Supervisor/Manager

Date

By signing below, I acknowledge I have read and concur with the above recommendation.

Office Chief

Date

By signing below, I acknowledge I have read and concur with the above recommendation.

Deputy Director (Required if Dismissal/RDP or Demotion is recommended)

Date

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GENERAL INFORMATION

This summary is to be completed and forwarded with all adverse action and rejection during probation packages. The information provided will assist the Office of Human Resources and the Office of Legal Services in providing the best possible recommendations and representation of your office in personnel actions.

INSTRUCTIONS

In addition to the information provided in the cover page / summary, please include and attach where appropriate the following:

- The employee's duty statement and classification specification.
- A chronology of events that underlie the personnel action (e.g. poor performance, insubordination, unexcused absenteeism, etc.). The chronology must identify each event with specificity, and must include the date, time, and location of all referenced events.
- The chronology must also include, after each factual event described, references to all supporting evidence that is available to prove such event. References shall be included in parenthetical descriptions or in footnotes following each event described.
- Supporting evidence shall include, without limitation, any existing and signed witness statements, interview summaries, audio recordings and/or transcripts, any supervisory notes or other materials generated and retained in order to maintain a record of events, any memoranda generated that pertain to incidences of misconduct or poor performance, and any email and/or text messages that are referenced in the chronology.
- Supervisors and managers are responsible for verifying, with the appropriate unit, whether the employee has filed any of the following; Family Medical Leave Act (FMLA), RA, Workers' Comp, NDI/SDI, EEO, report of workplace violence, or grievance, and shall so inform the Constructive Intervention Unit (CIU) prior to submitting the package.

In addition to a detailed factual chronology fully supported by reference to supporting materials, adverse action and rejection packages must include:

- Copies of any written policies violated by the employee
- Probationary reports and/or annual appraisals
- Employee expectations
- Training records
- Any other memorandum, email, or other documentation given to the employee regarding the incidents of misconduct
- Time sheets (PAL print outs commonly known as STD 634s) for all the months encompassed by the incidents (if attendance or AWOL is an issue)
- Copies of any other adverse action, corrective memo, or other documents showing prior discipline
- Any other relevant documents

Complete the Employee Information and Employee Claims sections to provide all pertinent work information. Verify the employee's current address (service of an adverse action is considered faulty if it is to an incorrect address).

The Deputy Director's signature is needed on the request if the office is recommending dismissal or demotion. If the office is recommending a rejection during probation, the effective date of the action must be prior to the end of the probationary period.

Forward this form and one (1) copy of the completed package including all supporting documentation (via hard copy and PDF) to the Office of Human Resources, CIU. **Rejection During Probation packages should be submitted (absent any extraordinary circumstances) no later than 60-days prior to the probation end date.**

If you have any questions or require assistance in providing the information requested, please contact [CIU](#).