

**SOUTH CAROLINA DEPARTMENT OF NATURAL RESOURCES**  
**Notice of Suspension Temporary Grant or Time-Limited Employees**

**THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.**

**Original to OHR, copy 1 to employee, and copy 2 to the manager's administrative file.**

Name:	Position Title:	Personnel Number:
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Division/Office:	Location:
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HR Director/designee Review:	Name: _____	Date: _____
Department Director Review:	Name: _____	Date: _____

1. Reason(s) for suspension, nature and date(s) of offense(s) and that of prior counseling/reprimand(s), if any. *(Continue on page 2 and/or separate pages, if necessary.)*

**NOTE: Employees in positions such as temporary, temporary grant, or time-limited employees do not have grievance rights.**

2. Inclusive dates of suspension:

3. Consequences of future violations or misconduct:  
 Should further disciplinary action become necessary, including but not limited to future violations of this directive or Department policies, termination of your employment may be warranted.

4. Employee comments:

Type or print name of Deputy Director taking action:	Type or print name of supervisor presenting action:
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Signature of Deputy Director taking action:	Date:	Signature of supervisor presenting action:	Date:
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**My signature indicates that I have received and understand this suspension notice, not necessarily that I agree with it.**

Signature of employee suspended:	Signature of witness (if employee refuses to sign):	Date:
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- Distribution:**
- \_\_\_ Original - Office of Human Resources
  - \_\_\_ Copy 1 - Employee
  - \_\_\_ Copy 2 - Manager's administrative file

**SOUTH CAROLINA DEPARTMENT OF NATURAL RESOURCES**

**Notice of Suspension for Temporary Grant or Time-Limited Employees (continued)**

Name:

Personnel Number:

Date:

Other items continued from page 1 (if needed)

**Instructions for notice of suspension:**

- ◆ Give the nature of the offense or offenses for which the suspension is being issued, and describe the facts and circumstances supporting the conclusion that the employee committed the offense or offenses listed (Use block 1).
- ◆ Provide a summary of prior disciplinary actions such as oral reprimands, written reprimands, suspensions, etc. (Use block 1).
- ◆ Show the inclusive dates of the suspension (Use block 2).
- ◆ Notify the employee of his or her right to file a grievance and provide a copy of the grievance policy. **(NOTE: The notification is printed in block 1.)**
- ◆ Provide a statement of the consequences if the offense is repeated or if other problems occur (Use block 3).
- ◆ Have the employee sign at the time it is given. The signing of the form indicates that it has been received and understood (but not necessarily that the employee agrees with the disciplinary action taken).  
***If the employee refuses to sign, the supervisor will insert and initial the notation "Employee refused to sign" in the block for the signature of employee reprimanded. A witness should sign in the witness' signature block if the employee refuses to sign.***
- ◆ ***Employees in positions such as temporary, temporary grant, or time-limited employees do not have grievance rights.***
- ◆ ***Prepare a Personnel Transaction Request Form (PTR), with attached documentation and forward through division channels to the Human Resources Director.***