

Order of Removal, Reduction, Suspension, Fine, Involuntary Disability Separation

M _____

This will notify you that you are; removed; suspended; suspended (working); fined;
 involuntary disability separated; reduced in pay, from your position of

_____ and/or reduced to new position of _____
effective _____ (date) (if applicable)

The reason for this action is that you have been guilty of (List relevant R.C. 124.34 disciplinary offense(s)).
(Section not applicable for involuntary disability separation.)

Specifically:

Notice of pre-disciplinary/separation hearing given to employee: _____
(date)

Pre-disciplinary/separation hearing held or waived: _____
(date)

Employee allowed to meet with employer: Yes No

Order hand-delivered to employee: _____
(date, if hand-delivered)

If employee is suspended, list dates of suspension: _____

Signed at _____ Ohio, _____
(city) (date)

Counter signature, if applicable

Signature of Appointing Authority

Counter signature, if applicable

Type Name and Title of Appointing Authority

Counter signature, if applicable

Type Department, Agency, or Institution

“SECTION 124.34 ORDER” FORM INSTRUCTIONS

IMPORTANT INSTRUCTIONS TO THE APPOINTING AUTHORITY

(1) Actual signature means that each Order served on the employee must contain the actual signature of the Appointing Authority. Appointing Authority means the actual appointing officer of the department or agency as well as any approving officer or board required by law. If the appointment of an employee requires the approval of a board or commission, then a certified copy of the resolution of such board or commission approving the action must accompany this Order unless the actual signatures of the members of the board or commission appear on the front of the Order served on the employee.

(2) The Appointing Authority must set forth in detail the particular acts and circumstances constituting the offense(s) charged. Evidence presented on appeal must be limited to that which relates to the charge(s) made; hence the Appointing Authority must set forth the charges(s) broadly enough to encompass all the evidence the Appointing Authority intends to offer. It is equally important that the Appointing Authority fully state the ground(s) for the action.

(3) The Appointing Authority **MUST** provide an original of the Order to the employee on or before the effective date. The date on which the Order is served is the date the Order is delivered to the employee by hand or to the employee's last known mailing address by certified United States mail, whichever occurs first.

IMPORTANT INSTRUCTION TO THE EMPLOYEE

If you wish to appeal this action, then you must file your written appeal with the State Personnel Board of Review (SPBR) at 65 East State Street, 12th Floor, Columbus, Ohio 43215-4213. **Your appeal must actually be received and time stamped by SPBR by the tenth calendar day from the date the Order was served.** For the purposes of your appeal, the date on which the Order is served is the date the Order is delivered to you by hand or to your last known mailing address, as maintained by your Appointing Authority, by certified United States mail, whichever occurs first. You may obtain SPBR's Administrative Rules by writing the above office or by telephoning SPBR at (614) 466-7046. You may also obtain the rules at SPBR's website at <https://pbr.ohio.gov>.

Example of deadline to file appeal:

An employee is given a 40-hour suspension. The suspension is to begin on October 11 and run five working days through October 15. The employee is served with the forthcoming suspension Order on October 8. The employee has until October 18 to file a written appeal (10 days from the date the employee was served with the Order).

Reminder: If you are employed by a municipality or township that has a civil service commission, your appeal lies with that commission and not SPBR.

You may contact SPBR at (614) 466-7046 regarding the above information or regarding SPBR's jurisdiction or you may visit our website at <https://pbr.ohio.gov>.