State of Maryland Department of Budget and Management Office of Personnel Services and Benefits 301 West Preston Street Baltimore, Maryland 21201

NOTICE OF DISCIPLINARY ACTION

You or your representative may appeal this disciplinary action to the Cabinet Secretary of your To Employee: department (if your agency is not headed by a Cabinet Secretary, appeal must be made to the agency head). The appeal must be in writing and filed within 15 calendar days after your receipt of this written notice. Md. Code, State Personnel and Pensions Art. ("SPP"), § 11-109(c). Should you file a timely appeal, your Cabinet Secretary or agency head shall issue to you a written decision on your appeal within 15 days of its receipt (SPP § 11-109(e)); however, the failure of your Cabinet Secretary or agency head to issue a written decision within 15 days constitutes a denial of your appeal. SPP§ 11-108(b). Unless that decision is the final administrative decision, within 10 days of a denial you may appeal to the next level of the disciplinary process, where you will have the opportunity to have a hearing on your appeal if it is not resolved. SPP§ 11-110. To Agency: **COMPLETE IN DUPLICATE.** Give one copy to the employee; and retain one copy for your files. Do not send copy to Department of Budget and Management. This action must be processed via the DBM Office of Personnel Services and Benefits electronic Statewide Personnel System (SPS).

Name of Employee		Classification	1	SPS Employee ID No.
Check appropria	te box and complete:			
Pursuant to Title 1 employee:	1, Subtitle 1 of the State F	Personnel and Pensior	ns Article,, and COMAR 17.	04.05.04, the above referenced
	Annual Leave days.	_work days from ective at (Salary Level)	through , effective)	
DATE WHEN IN	CIDENT WAS DISCUSSE	ED WITH THE EMPLO	DYEE:	
Explain what th	e employee did that mer	its disciplinary actio	on (state the facts): (Attach	pages as necessary)
Cite the law(s),	regulation(s), or policy(i	es) violated:		
Copy to Employee:	D	In Person 🗌 Ma	ailed to:	
	(Date)			
(Date)	(Name of Departme	ent)	(Name and Signature of App	pointing Authority)
MS-4A (Revised 4/17	7)			