

## **EXAMPLE/NOTICE OF PRE-TERMINATION HEARING AND TERMINATION (74 O.S. § 840-2.21.)**

(Date)  
(Name of Employee)  
(Address)

Re: Notice of Pre-Termination Hearing

Dear (Name of Employee):

This letter is to notify you that you are being considered for termination from your employment with the Oklahoma Department of Corrections.

### **Time and Location of Hearing**

A pre-termination hearing has been scheduled for (date) and (time), in my office (location).

### **Purpose of Hearing**

The purpose of this hearing is to determine whether or not reasonable grounds exist to believe the charges are true and support the proposed termination. This hearing affords you the opportunity to respond to the charges and present any mitigating evidence or reasons why the proposed termination is improper.

### **Right of Representation**

Please be advised that you may bring counsel at your own expense, or a representative of your choice, to the hearing. I will listen to any response you have to this proposed action or a statement from your representative as well as review any documents you wish to present. Witnesses will not be called at this hearing. The hearing is not open to the public but will be audio taped in its entirety. A copy of the tape will be provided to you, at no charge, if requested, and an appeal is filed with the Oklahoma Merit Protection Commission.

### **Statute, Rule, Policy, Practice or Procedure Violated**

74 O.S. § 840-2.21., pertaining to leave without pay due to a work related illness or injury for which workers' compensation benefits have been filed, provides that an employee may be separated in accordance with the Oklahoma Personnel Act and Merit Rules if the employee has not returned to the original position of the employee or some other position within the agency within one year from the date of the start of leave without pay.

**Description of the Acts or Omissions Constituting Grounds for Termination**

Pursuant to a workers compensation claim for which you received benefits, you started leave without pay on (date). The one year entitlement to such leave without pay ended (date). As of this date, you have not returned to either your original position or an alternate position.

The medical report dated \_\_\_\_\_ indicates that you remain unable to return to work.

OR

The medical report dated \_\_\_\_\_ indicates restrictions that prohibit you from performing the duties of your position and no appropriate alternate position is available.

**Summary of Evidence Justifying Proposed Termination**

1. Time/leave sheets for the period of time cited above.
2. Medical report dated \_\_\_\_\_.

**Prior Disciplinary Action**

**Disciplinary Certificate**

I certify that all mandatory progressive disciplinary actions as required by statute or rule have been taken.

Sincerely,

(Appointing Authority)

Distribution: Original to employee  
Copy to personnel file (72 or more hours prior to the Pre-Termination Hearing)

## **EXAMPLE/TERMINATION (74 O.S. § 840-2.21.)**

(Date)  
(Name of Employee)  
(Address)

Re: Termination of Employment

Dear (Name of Employee):

This letter is to notify you that your employment with the Oklahoma Department of Corrections is terminated effective (date). This action is being taken under the authority of 74 O.S. § 840-2.21. and Merit Rule 260:25-15-49(j)(2). Merit Rule 455:10-11-14 and 455:10-11-17 provides that a permanent classified employee may be discharged for cause to wit: inability to perform the duties of the position in which employed and other just cause.

Prior to making this final decision, I reviewed your performance evaluations.

### **Statute, Rule, Policy, Practice or Procedure Violated**

(Same as on Notice of Pre-Termination Hearing)

### **Description of Acts or Omissions Constituting Grounds for Termination**

(Same as on Notice of Pre-Termination Hearing)

### **Prior Disciplinary Action**

(Same as on Notice of Pre-Termination Hearing)

### **Right to Appeal**

You have a right to file an appeal within 20 calendar days of receipt of this letter with the Merit Protection Commission, located at 3545 N.W. 58<sup>th</sup> Street, Suite 360, Oklahoma City, Oklahoma 73112. A copy of the Commission's appeal form is attached.

### **Right to file a Complaint**

You have a right to file a complaint with the Civil Service Division, within five business days of the date of the disciplinary action. A copy of the Civil Service Division petition is attached.

### **Eligibility for Reinstatement**

Merit Rule 260:25-15-49(k) provides that a classified employee shall be eligible for reinstatement to either classified or unclassified employment with any state agency for 12 months after the date of separation under Merit Rule 260:25-15-49(j)(2). An unclassified employee shall be eligible for reinstatement to unclassified employment with any state agency for 12 months after the date of separation under Merit Rule 260:25-14-49(j)(2). This does not reduce eligibility under other general reinstatement or reemployment laws or rules, such as Merit Rule 260:25-9-102.

Sincerely,

(Appointing Authority)

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Employee Signature/Date

Distribution: Original to employee  
Copy to Disciplinary File  
Copy to chief administrator of Human Resources

Attachment: MPC appeal form  
Civil Service Division Complaint Form

(R 01/22)