

**RECOMMENDED DISCIPLINARY ACTION/SEPARATION DECISION
FOR AN UNCLASSIFIED EMPLOYEE**

(Division/Office)

(Organizational Unit)

I have considered the recommended action of the employee's supervisor,

_____, and I hereby:
(Supervisor's Name)

_____ Approve

_____ Disapprove

the _____
(Type of Action)

of _____
(Employee's Name)

Date: _____

(Print Name of Designated Authorizing Official)

Signature: _____

*Original is to be placed in the official personnel file
Along with a copy of the letter issued to the employee.*