

EXAMPLE/TERMINATION

(Date)
(Name of Employee)
(Address)

Re: Termination of Employment

Dear (Name of Employee):

This letter is to notify you that you are terminated from your employment with the Oklahoma Department of Corrections effective _____. This action is being taken under Merit Rule 455:10-11-14 and 17 which provide that a permanent classified employee may be discharged for cause to wit: (list the applicable causes cited in Section II. item C.) Prior to making this final decision, I reviewed your performance evaluations.

Statute, Rule, Policy, Practice or Procedure Violated

(Example)

OP-110215 entitled "Rules Concerning the Individual Conduct of Employees"

A. Code of Conduct

Employees of the agency will, at all times, conduct themselves in a manner befitting the office or position that the employee holds. Employees will uphold the correctional employee oath, as well as the public's trust, and will reflect the highest ethical standards. Employees will:

1. Refrain from conduct which is corrupt, illegal, serves to denigrate, demean, or disregard the welfare of others;

II. Duties and Responsibilities

B. Reporting for Duty

Employees will report for duty as assigned.

1. Employees will request leave in accordance with the provisions of [OP-110355](#) entitled "Procedures for Employee Attendance and Leave" and comply with any facility/district/unit requirements regarding notification of absence.
2. In addition to any disciplinary sanctions that may be incurred for unexcused or unauthorized absences, employees will not be paid for such absences from work.

IX. Other Prohibited Conduct

E. Secondary Employment

Employees will not engage in any employment, activity, or enterprise which has been determined to be inconsistent, incompatible, or in conflict with his or her duties or with the duties, functions or responsibilities of the agency (Merit Rule 260:25-11-91(b)).

Secondary employment is defined as any activity for which the employee receives financial payment for a service, activity, or enterprise.

This section is also applicable to the unclassified service.

1. Obtaining Approval

Employees will not engage in any secondary employment without the written approval of the facility/district/unit head.

- a. An "Authorization for Secondary Employment" ([Attachment A](#), attached) will be completed and signed by the employee and the facility/district/unit head.
- b. Approval of secondary employment will remain in effect until rescinded; however, the facility/district/unit may rescind such approval at any time.
- c. The employee must notify the facility/district/unit head of any changes to the reported conditions of secondary employment immediately by completing and submitting a new Attachment A. Failure to notify the facility/district/unit head of any change in secondary employment will automatically render the authorization or approval for secondary employment null and void.

2. Prohibited Employment

Employees will not engage in, and will terminate any secondary employment which:

- a. Adversely affects job performance;
- b. Results in absenteeism, tardiness, or non-availability;
- c. Impairs independence of judgment in the performance of agency duties; or
- d. Adversely affects the professional image of the employee or the agency.

OP-110355 entitled "Procedures for Employee Attendance and Leave"

II. Sick Leave

A. Definition

Sick leave means a period when the employee cannot work because of sickness, injury, pregnancy or medical, surgical, dental or optical examination or treatment (by a health care provider), or where the employee's presence at work would jeopardize the health of the employee or others.

Description of Acts or Omissions Constituting Grounds for Termination

(Example)

You attempted to defraud the taxpayers of the State of Oklahoma by collecting wages to which you were not entitled through the fraudulent use of sick leave. You submitted a request for sick leave on (date), for the period of time beginning (date) through (date). You continued to call in sick through (date). During this period of time you were working for the XXXXXXXX Police Department. Your false statements concerning your health and attempt to collect wages to which you were not entitled; your disregard for the mission of the department and the extra burdens imposed upon your fellow employees; your failure to follow procedure for obtaining permission for secondary employment; and your continuing absence from work on unauthorized status constitutes serious misconduct and conduct unbecoming a state employee which warrants termination of your employment.

Prior Disciplinary Action

(Example)

On (date) you were issued a Letter of Concern for unprofessional conduct with offenders/inmates.

On (date) you were issued a Letter of Reprimand for engaging in a nonprofessional association with an offender/inmate within 180 days of discharge.

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. 58th Street, Suite 360, Oklahoma City, OK, 73112. A copy of the Commission appeal form is attached.. The Merit Protection Commission requires that appeals be filed electronically through their website, www.ok.gov/okmpc. If you are unable to file electronically, you must contact the Commission in advance to request permission to proceed with a paper-only appeal.

Sincerely,

(Appointing Authority)

Employee Signature/Date

Distribution: Original to employee
Copy to personnel file
Copy to chief administrator of Employee Services

Attachment: MPC Appeal Form

(R 9/16)