**Note: Agencies should delete all unapplicable language from this template. For example, if the employee is not subject to weekly testing as an APPROVED accommodation OR PENDING REQUEST, delete all language referencing testing as part of an APPROVED OR PENDING accommodation REQUEST. PURSUANT TO 6-B dcmr § 1623.1, THE DECIDING OFFICIAL SHALL BE THE AGENCY HEAD, THE PERSONNEL AUTHORITY, OR THEIR DESIGNEE. a proposing official may not serve as a deciding official for the same matter, except when the size of the agency mandates otherwise. AGENCIES SHOULD MODIFY LANGUAGE TO REFLECT THE CIRCUMSTANCES of each case.**

[Agency Department]

March 22, 2022

[Agency Address]

[Employee First Name][Employee Last Name]**,** [Job Title]

[Street Address]

[City], [State] [ZIP/Postal Code]

Subject: Final Decision – (5-day Suspension)

Dear [Empl Prefix] [Employee Last Name]:

On or about [Service Date], you received a notice of proposed suspension for five days without pay as a [Job Title] with the [Agency]. As the Deciding Official, I have thoroughly reviewed and considered the proposed five-day suspension, supporting documentation, and your written response, and I agree with the proposed action. Accordingly, I am sustaining the five-day suspension.

**Disciplinary Cause.** This final action is being taken for the following reason(s):

After previously receiving verbal counseling on [Date] for failure to comply with the District government’s vaccination policy, it was determined on [Violation Date] you have not provided proof of full vaccination against COVID-19, or you have failed to submit a weekly negative COVID-19 test for the week of [Date] as part of an approved or pending accommodation request. Your actions violate §§ 1605.4(a)(Conduct Prejudicial to the District of Columbia Government), (d)(Failure or Refusal to Follow Instructions), and (i)(Safety and Health violations) of Chapter 16 of Title 6, Subtitle B of the DC Municipal Regulations.

*Final Action:* ***5-day Suspension without* pay.**

The proposed 5-day suspension serves as an independent corrective action for each of the enumerated causes above; however, the 5-day suspension for each cause shall run concurrently.

I adopt and sustain the cause, findings, and conclusions outlined in the notice of proposed 5-day suspension and attachments, and those documents are incorporated into this final decision. Copies of these documents are attached to this notice for your review.

Your suspension will start on **[DATE]**, and you will return to work on **[DATE]**. Upon your return, you will again be asked to submit proof of full vaccination as required or, as part of an approved or pending accommodation request, a negative COVID-19 test on a weekly basis. If you continue to fail to adhere to the District government’s vaccination policy, further disciplinary action will be taken which may include removal.

**Appeal Rights**

You have the right to challenge this action and may secure an attorney or other representative at your own expense. You may seek review of this action by filing a grievance pursuant to Chapter 16 of the District Personnel Manual (DPM); or by filing a grievance pursuant to any applicable collective bargaining agreement. You may choose only one method of grievance review.

If you seek review, you must file your grievance with the appropriate agency representative within 10 business days after the issuance date of this final agency action. Please refer to the [District Personnel Manual § 1626](https://edpm.dc.gov/chapter/16/#section-1626) or DPM [Issuance I-2021-41: Grievance Process (2021 Update)](https://edpm.dc.gov/issuances/grievance-process-2021-update/) for more information.

If you are a member of a union, you may instead elect to file a grievance pursuant to an applicable collective bargaining agreement. For procedural guidance on filing a union grievance, please refer to your labor agreement or contact your union representative. Pursuant to DPM § 1625.2, notwithstanding §1625.1, a grievance resolution system negotiated between the District and a labor organization shall take precedence over the procedures of Chapter 16 for employees in a labor organization’s bargaining unit.

Sincerely,

John Doe, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deciding Official Date

cc [Agency\_HD], [Agency\_HD\_Title]  
[Agency]

Att

Notice of Proposed Suspension and Attachments

Certificate of Service

**CERTIFICATE OF SERVICE**

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a copy of this notice of final agency decision of 5-day suspension, along with supporting materials was provided to [Full Name] [Home Address Street] [Home Address City], [State/Province] [ZIP/Postal Code], via:

* Hand Delivered
* USPS Certified Mailed (USPS No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* FedEx Next Day (FedEx No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

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| --- | --- | --- | --- | --- |
|  |  |  | |  |
|  | SUPERVISING OFFICIAL  (printed name) |  | SUPERVISING OFFICIAL  (signature) |

**EMPLOYEE RECEIPT**

I received a copy of this notice of final agency decision of a five-day suspension, along with the identified supporting materials. My signature below serves only to acknowledge receipt.

|  |  |
| --- | --- |
|  |  |
|  | [Employee First Name] [Employee Last Name] |

|  |  |
| --- | --- |
|  |  |
|  | Date |