**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]

Subject: Final Decision: Removal

Dear [Empl Prefix] [Employee Last Name]:

On or about [Service Date], you received a notice of proposed removal which proposed your removal from employment as a [Job Title] with the [Agency]. I have thoroughly reviewed and considered the notice of proposed removal, the attachments, and the report and recommendation issued by the administrative review officer, [HO\_Name]. I must concur with the proposed action and, accordingly, your employment with the District of Columbia government ceases on [Separation Date].

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

On [Date], it was determined that you have not provided proof of full vaccination against COVID-19, or you have failed 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.

On [Date], you were verbally counseled for your failure to comply with the District government’s vaccination policy. On [Date], you were suspended for five days for your second violation of the District’s vaccination policy. This constitutes your third violation of the District’s vaccination policy.

*Final Action:* ***Removal***

The removal action serves as an independent adverse action for each of the enumerated causes above. I adopt and sustain the cause, findings and conclusions outlined in the *Notice of Proposed Removal, Attachments,* and *Written Report and Recommendation*, and those documents are incorporated into this final decision. Copies of these documents are attached to this notice for your review.

**Appeal Rights**

If you disagree with this removal action you may file a grievance pursuant to your collective bargaining agreement or an appeal to the Office of Employee Appeals (OEA), but not both.

If you choose to file an appeal with OEA, you must file your appeal within 30 days of the effective date of the final agency decision. For OEA appeals, you may be represented by an attorney or other representative who is authorized to represent you under OEA regulations.

If you elect to file a grievance, please consult your specific collective bargaining agreement for the proper procedures, including timelines for filing. We also encourage you to contact your union representative for further guidance.

**Temporary Continuation of Coverage**

Temporary Continuation of Coverage (TCC) allows employees to temporarily separate from service to continue insurance coverage. Health Insurance is effective for 31 days beyond the employee’s last pay period. Employees have 60 days from the date of separation to apply. If the election is made timely and applicable premiums are paid, then your insurance is reactivated back to the loss of coverage date. Premiums for coverage can be found online at dchr.dc.gov. If you would like to elect to continue coverage beyond the 31 days, please complete the enclosed Temporary Continuation of Coverage Benefits Enrollment Form.

Notwithstanding the circumstances of your separation, I would like to take this opportunity to thank you for your service to the residents and visitors of the District of Columbia and wish you the very best in all your future endeavors.

Sincerely,

John Doe,

Deciding Official

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

Att Administrative Report and Recommendation

 Notice of Proposed Removal

 Certificate of Service

[OEA Petition for Appeal Form](https://oea.dc.gov/sites/default/files/dc/sites/oea/publication/attachments/Petition%20For%20Appeal%20Form824.pdf)

 [Rules and Regulations of the Office of Employee Appeals](https://dcregs.dc.gov/Common/NoticeDetail.aspx?NoticeId=N0020124)

 Temporary Continuation of Coverage Benefits Enrollment Form

**CERTIFICATE OF SERVICE**

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a copy of this final agency decision of removal, along with supporting materials and attachments 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 final agency decision of removal, along with the identified supporting materials and attachments. My signature below serves only to acknowledge receipt.

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

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

