

#### **Town of Kernersville Notice of Final Decision**

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| **TO**: [enter employee name]  **DATE**: [enter current date]    **SUBJECT**: Notice of Dismissal | | | | |
| For the reasons indicated herein, you are hereby notified of your dismissal from your position as [state position]with the Town of Kernersville effective [enter effective date].  You are being dismissed for the following reason:  [State the reason for the dismissal, specifying dates and actions. However, do not provide unnecessary details.]  On or before your last day of employment, you must return all (if any) Town owned property in your possession. This property must be returned prior to receiving your final pay check from the Town. Feel free to contact the Human Resources Department regarding accrued leave payout, retirement account(s), and/or your welfare benefits plans.  As an employee of the Town of Kernersville, you may have the right to appeal this action under the Town’s Personnel Policy (Article XIV, Section 2.0 Coverage). If you have a right to appeal this action, please follow the guidelines provided in “Grievance Procedure” section from the Town’s Personnel Policy. If you have questions regarding this process or would like a new copy of the Personnel Policy, please contact the Human Resources Department.  If you are being discharged for reasons that may stigmatize your reputation, you are entitled to a name-clearing hearing as an opportunity to offer testimony and documents showing the stigmatizing information is untrue. You have a right to a Name Clearing Hearing. Please notify Human Resources within 24 hours of your intent to request a hearing.  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department Head Signature*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date* | | | | |
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| This form has been prepared in accordance with the Town Personnel Policy, XVIII. Disciplinary Actions. | | | | |