

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF CORRECTIONS

REQUEST FOR REMOVAL OF DISCIPLINARY ACTION

Employee's Name: _____ Facility: _____

Employee's Current Title: _____

A request for removal* of up to three disciplinary actions may be made on this form.

Infraction Dated: ____/____/____ Disciplinary Reason: _____
Disposition: Counseling Oral (Documented) Reprimand Written Reprimand Referral for Hearing

Infraction Dated: ____/____/____ Disciplinary Reason: _____
Disposition: Counseling Oral (Documented) Reprimand Written Reprimand Referral for Hearing

Infraction Dated: ____/____/____ Disciplinary Reason: _____
Disposition: Counseling Oral (Documented) Reprimand Written Reprimand Referral for Hearing

Note: If this request is initiated by the Employee or his/her Union Representative, please sign and date where indicated below, and return completed form to the Human Resources Office for processing:

Employee Signature _____ Date _____

Union Representative Signature _____ Date _____

* **Counselings and Oral (Documented) Reprimands** may be removed from an employee's record after a period of six months if the employee has not committed any further infractions of appropriate rules and regulations. **Written Reprimands** may be removed from an employee's record after a period of one year if the employee has not committed any further infractions of appropriate rules and regulations. **Suspensions of five days or less** may be eligible for removal from an employee's record after a period of five years if the employee has not committed any further infraction of appropriate rules and regulations. In such a case, the employee must submit a petition in writing to the Director. Approval of said petition is at the discretion of the Director.

FOR HR USE ONLY:

Removal request initiated by:
 Employee Union HR

Status:
 Approved/Removed Denied/Not Removed

Signature _____ Date _____