

STATE OF NEVADA
RECOMMENDATION OF SEPARATION PURSUANT TO NAC 284.611

Name: _____ Employee ID#: _____ Budget Account: _____

Current Class: _____ Grade: _____ Step: _____ Supervisor: _____

Department: _____ Division: _____ Section: _____ Date: _____ Time: _____

A recommendation has been made by: _____, _____
Name Title

that you be separated from State service effective not earlier than: _____
Date

Signature (Person recommending separation)

REASONS FOR RECOMMENDED ACTION

In accordance with NAC 284.656, a hearing has been scheduled on your behalf to determine whether such action is warranted. Following the hearing and prior to the proposed effective date, you will be given a copy of the finding(s) and recommendation(s), if any, resulting from the hearing and be informed in writing of the appointing authority's decision regarding the recommended action(s).

In accordance with paragraph 2(b) of NAC 284.6563, the **effective date of your separation is immediate** as noted above. A hearing in accordance with NAC 284.656 will follow as soon as practicable after the effective date of your separation.

Note: If you wish to appeal your separation, please be aware that pursuant to NRS 284.390, an appeal is deemed timely if it is postmarked within 10 working days after the actual **effective date of the separation**.

The hearing will be conducted:

By: _____ at: _____ on: _____
Name Title Time Date

at: _____
Location (Include complete address)

Pursuant to NAC 284.656, a hearing has been scheduled in your behalf to afford you your right to respond to the proposed action. The hearing is an informal proceeding between you and the appointing authority or his designated representative. Witnesses are not permitted. Each party may be accompanied by a person of his choice. (For information regarding the hearing and your right to waive the hearing, you should refer to NAC 284.6561.)

Signature of Appointing Authority or Designated Representative

Signature of Employee: *I understand that acknowledgment of receipt of this notice is not an acceptance of the proposed action nor am I giving up any appeal rights I may have under NRS 284.390.*

Employee's Signature

Date Time

Witness' Signature (Required if employee refuses to sign)

Signature and Title (Person serving this notice)

Copy: Division of Human Resource Management – Central Records Service Jacket; Department; Appointing Authority; Employee.