

**SAMPLE – Job Abandonment Dismissal**

[Date]

[Name]

[Address]

Via [Hand Delivery / Certified Mail No. \_\_\_\_\_]

Dear [Mr./Ms. Last Name]:

The purpose of this letter is to advise you of my decision to dismiss you from employment as a **[Classification]** with the **[agency/department name]**, effective **[date – 15 calendar days from the date of the letter]**. This personnel action is being taken in accordance with subsection 12.2.c. of the *Administrative Rule* of the West Virginia Division of Personnel, W. VA. CODE R. §143-1-1 *et seq.*, and provides for a fifteen (15) calendar day notice period. Whereas you are being dismissed for job abandonment you are ineligible for severance pay in accordance with the *Administrative Rule*. You will, however, be paid for all annual leave accrued and unused as of your last working day. **[Final wages must be paid within timeframes provided in the Wage Payment and Collection Act.]**

This letter shall also serve as notice that you have been absent without prior approval since **[date]**. Specifically, you did not report to work on **[date]**, nor did you request annual or sick leave in advance of your absence from work. Since this date, you have neither reported for work, nor have you contacted your supervisor regarding the reasons for your absence. As such, in compliance with W. VA. CODE R. §143-1-14.6, the period of absence from **[date unauthorized leave began]** up until the date of this notice shall be charged to unauthorized leave and your pay will be docked for your scheduled work hours during this period.

All property belonging to the State of West Virginia, which you have under your control or in your personal possession, must be returned and delivered to the control of **[name]**, **[title]**, immediately, or at a mutually agreed upon date, time, and location. Such property shall include, but not be limited to: keys to any State offices, access cards, and identification cards. You are not to enter the non-public areas of the **[agency/department name]** offices without prior authorization from me or an agent of my office.

So that you may understand the specific reason for your dismissal I recount the following **[Provide specific and defensible details including dates of previous personnel actions and unacceptable events, last communication with employee, unsuccessful attempts to contact the individual by telephone and/or letter, etc.]**:

No element of employment is more basic than the right of the employer to expect employees to report for work as scheduled and to comply with established procedures for requesting absences as well as providing the necessary documentation. Your prolonged absence has placed an undue hardship on this facility as well as on your co-workers who must assume your assigned duties during this period. Your absence also interferes with your co-workers opportunities to schedule vacation days.

I believe we have been very tolerant of your situation and have gone to extraordinary lengths to assist you; however, I cannot tolerate your failure to report for work as scheduled, or in the alternative, adhere to the procedures for requesting leave of absence without pay. In accordance with W. VA. CODE R. §143-1-12.2.c., an appointing authority may dismiss an employee for job abandonment who is absent from work for more than three consecutive workdays without notice to the appointing authority of the reason for the absence as required by established agency policy.

Therefore, this letter shall serve as a fifteen (15) calendar day notice from your receipt of this letter of my decision to dismiss you from your position as a **[classification]** with the **[agency/department name]**, effective **[date – 15 calendar days from the date of the letter]**. I am obligated to ensure the overall efficiency of the facility by maintaining a full work force that is dependable. Your extended absence and your failure to submit required completed forms, coupled with our inability to employ another staff member in your position during your absence, negatively impacts the operation of the facility.

You may respond to me, in person and/or in writing, concerning the contents of this letter, provided you do so within fifteen (15) calendar days of its date. By law, you have a right to grieve this dismissal through the West Virginia Public Employees Grievance Procedure, contained in W. VA. CODE §6C-2-1 *et seq.* If you choose to file a grievance, you must do so, on the prescribed form, within fifteen (15) working days of the effective date of the action. As dismissals may be appealed directly to the Public Employees Grievance Board at Level III, you may file with the Board, at 1596 Kanawha Boulevard, East, Charleston, West Virginia, 25311. If you file directly to the Board, you must also provide copies of your grievance to **[agency copy – name and address]**, and the Director of the Division of Personnel, Building 6, Room B-416, State Capitol Complex, Charleston, West Virginia, 25305. If you wish, however, you may file your grievance with **[name and address of Chief Administrator]** at Level I, with a copy to the Director of the Division of Personnel and the Board. Details regarding the grievance procedure, as well as grievance forms, are available at the Board's web site at [www.pegb.wv.gov](http://www.pegb.wv.gov) or you may telephone the Board at (304) 558-3361 or toll-free at (866) 747-6743.

You may be eligible to continue your Public Employees Insurance Agency (PEIA) insurance benefits for three (3) months after the end of the month in which you are removed from the payroll, at no added cost to you. See W. VA. CODE §5-16-13(c). Additionally, under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), you may be eligible for up to eighteen (18) months of continued health coverage; therefore, you may wish to contact your payroll office or PEIA, at (304) 558-7850, or 1-888-680-7342, for specific eligibility, coverage and

premium information. Other health coverage options may be available to you, including coverage through the Health Insurance Marketplace. Visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596 for more information. ***[Make sure to provide the full COBRA notice to the employee along with the other separation forms. More information, including model notices, is available on the U.S. Department of Labor web site at [www.dol.gov/ebsa](http://www.dol.gov/ebsa).]***

Sincerely,

**[Appropriate Signature Authority]**

c: Agency Personnel File  
West Virginia Division of Personnel

***[OPTIONAL LANGUAGE - If mailed via U. S. Postal Service, the following certification may be typed at the bottom of the letter.]***

The undersigned certifies that the above letter / notification was mailed to **[name]** by first-class and certified mail, return receipt requested, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**[signature]** \_\_\_\_\_  
**[typed name and title]**

***[NOTE: Revised 6/2014. Ensure law, rule, and policy language is current.]***