



Action Request Form to County Counsel's Office

NOTICE OF INTENT

Please electronically submit this form and all attachments to countycounsel@co.imperial.ca.us.

Date Turned in to County Counsel: _____
Department: _____
Department Head Making Request: _____
Email: _____
Telephone: _____

NOTICE OF INTENT FORM- Please provide the following information:

1. Employee Name: _____
2. Employee Address: _____
3. Employee Title: _____
4. Employee Hire Date: _____
5. County Ordinance 3.32.030—Cause for Disciplinary Action. Check all that apply:
 - A. Immoral or unprofessional conduct
 - B. Deliberate or repeated absence from duty without authorization
 - C. Dishonesty
 - D. Incompetence
 - E. Evident unfitness for service
 - F. Physical or mental condition unfitting him or her to discharge his or her duties
 - G. Violation of or refusal to obey reasonable regulations prescribed by the board of supervisors or by the department head
 - H. Conviction of a felony or a crime involving moral turpitude
 - I. Neglect
 - J. Insubordination
 - K. Continued absence after exhaustion of sick leave, compensatory overtime, vacation and leave of absence
 - L. Improper political activity which constitutes a violation of federal or state laws or ordinances of the county of Imperial
 - M. Neglect or willful damage to public property or waste of public supplies or equipment
 - N. Falsifying information on employment application, personnel records or county records
 - O. Gambling on county premises
 - P. Drinking or possessing any alcoholic beverage on county premises or on county time
 - Q. Reporting to work while under the influence of alcohol or drugs
 - R. Sleeping on duty

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6. List all Departmental Rules, Policies and/or Directives that have been violated. Attach a copy of the Rule/Policy/Directive.
7. Please list each disciplinary action (Counseling memo/Letter or reprimand/Suspension/Demotion/Other) that the employee has received in writing since working for this Department, *starting with the most recent*. Attach a copy of each document.

Date of discipline	Type	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Please describe the incident/series of incidents that occurred which lead to the decision to recommend *this* disciplinary action. Please describe in chronological order.
9. With regard to the incident/incidents stated in item 8, has the employee been spoken to in person about the issue since the last incident occurred? When? What was his/hers response?
10. Please describe the impact that the employee's conduct has had to the Department.
11. Will the notice of Intent be signed by the Department Director? If not, provide the name and title of the person who will sign the NOI.
12. What is the best phone number for the employee to call to schedule an informal meeting with the Department Director?

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