

**SAMPLE LANGUAGE – Suspension Pending Outcome of Criminal Proceeding**

[Date]

[Name]

[Address]

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

Dear [Mr./Ms. Last Name]:

The purpose of this letter is to confirm your verbal suspension without pay from your position of [classification] at [agency/department name], pending the outcome of the criminal proceedings initiated against you in the [specify] Court of [name] County ***[may be for an unspecified period of time if the employee is the subject of an indictment or criminal proceeding]***. This action is consistent with subsection 12.3 of the West Virginia Division of Personnel *Administrative Rule*, W. VA. CODE R. 143-1-1 *et seq.*

You were verbally advised of this suspension without pay by [name], [title], at [time] on [date]. When presented with the allegation, you ***[Response (e.g., remained silent with a flat affect, neither denying nor confirming the allegation.)]***. According to the warrant, the [specify] Court of [name] County has found probable cause to initiate the following criminal charge:

**LIST CHARGE**

Upon reviewing the criminal charge, it is my decision that you should be suspended from employment until such time as this criminal charge is resolved ***[The agency may also conduct an internal investigation and make a decision regarding disciplinary action before the criminal proceedings are completed. If this will be the case, the employee should be notified of such in this letter.]***. Once the proceedings have been concluded, you will be informed of such further action as the [name] shall take regarding your employment with [agency/department name]. If the allegations contained within this letter are determined to be unfounded, you will be compensated for the period of suspension and the record purged of any documentation thereof; however, if it is determined that the allegations are true, then disciplinary action up to and including dismissal may be taken.

During the period of suspension, you are restricted from all areas of the [office name(s)] with the exception of [office name(s) (e.g., supervisor/manager/human resources office)]. Further, you are not to remotely access the State's employee technology resources (email, mainframe, etc.) or otherwise perform work for [agency/department name] ***[Agencies should not permit the employee to take agency-issued phones or IT equipment with them while on suspension.]***. Any work-related keys, identification card(s), and access/proximity card(s) for the parking garage ***[If applicable.]*** and work site(s) must be immediately relinquished to [name] for safekeeping until this matter is resolved. If it is necessary for you to come to [office name(s)], an appointment must be arranged in advance and [name] will meet you in the lobby. You may arrange such an appointment by contacting [name], [title], at [telephone number]. In addition, it is imperative that you contact [name] at [telephone number]

concerning any requirements that may be necessary for you to maintain your health and/or life insurance.

You may respond to the matters of this letter in writing or in person, provided you do so within three (3) working days of the date of this letter. For any appeal rights you may have, please refer to W. VA. CODE §6C-2-1 *et seq.*, the West Virginia Public Employees Grievance Procedure. If you choose to exercise your grievance rights, you must submit your grievance, on the prescribed form, within fifteen (15) working days of the effective date of this action, to **[name and address of Chief Administrator]** at Level One of the Procedure. As provided in the statute, you may proceed to Level Three of the Procedure by filing your grievance directly with the Public Employees Grievance Board upon the agreement of the chief administrator, or when dismissed, suspended without pay, or demoted or reclassified resulting in a loss of compensation or benefits. You must provide copies of your grievance accordingly to the Public Employees Grievance Board at 1596 Kanawha Boulevard, East, Charleston, West Virginia, 25311; **[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. 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.

Sincerely,

**[Appropriate Signature Authority]**

c: Agency Personnel File  
West Virginia Division of Personnel

**[OPTIONAL LANGUAGE - *If the employer meets with the employee and hand delivers the letter, the employer may request that the employee verify receipt by signing the following acknowledgment typed at the bottom of the letter.*]**

I have received a copy and am aware of the contents of the foregoing letter

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**[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 6/2013. Ensure law, rule, and policy language is current.]**