

PROCEDURE REFERENCE : FmHA Instruction 2045-GG

PURPOSE : Decision to Suspend for 14 Days or Less.

UNITED STATES DEPARTMENT OF AGRICULTURE
FARMERS HOME ADMINISTRATION
(Location)

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

FOR OFFICIAL USE ONLY

Ms. _____
County Office Assistant
Farmers Home Administration
Anywhere, Anystate 00000

Dear Ms. _____:

My letter of (date), informed you of a proposal to suspend you for ____ days from duty without pay.

I have given full consideration to the letter of proposal with the evidence in support thereof; your written reply of (date); your oral reply on (date); and all evidence submitted in your behalf. I find that the First Specification of Reason I is sustained and warrants your suspension from duty without pay for a period of ____ calendar days.

It is my decision, therefore, to suspend you from duty without pay beginning (date) through (date). You will be returned to active duty status on (date).*

You have the right to file a formal grievance of this action under the FmHA Instruction 2063-L, "FmHA Administrative Grievance Procedure," Exhibit B, A-6 b (copy enclosed). Your grievance should be addressed to _____, Deputy Administrator for Management, Farmers Home Administration, Room 5007-S,

Ms. _____

14th and Independence Avenue, SW., Washington, D.C. 20250. Your request must (1) be in writing; (2) state clearly the basis for the grievance; (3) state the personal relief requested; and (4) be submitted within 10 calendar days of the effective date of your suspension. If an extension of time is needed under the provisions of this paragraph, it should be requested from the Chief, Employee Relations Branch, in the National Office, telephone FTS 245-5500 (for commercial, add area code 202).**

In accordance with Exhibit B, A-4 a, of the above-cited Instruction, you have the right to be accompanied, represented, and advised at any stage of the proceeding by a representative of your choice. However, your representative must be designated in writing.

If you wish additional information on how to pursue a grievance, address your request to me or contact me by telephone.

The Office of Personnel Management regulations (Bulletin No. 890-90 dated August 5, 1982, (copy enclosed) require a Federal Employee Health Benefits (FEHB) program participant to pay the employee's share of the premium for each pay period during which coverage continues, including full pay periods of nonpay status or whenever the pay available in a pay period is insufficient to cover the appropriate FEHB withholding.***

Since your suspension covers a full pay period in a nonpay status, you must:

(1) continue FEHB coverage and have the premium due during this period deducted from your future earnings;

(2) submit your check to this office payable to the National Finance Center in the amount of \$ _____ to cover this premium; or

(3) cancel your enrollment in the FEHB program. If you should choose to cancel your coverage, you will be ineligible to enroll again until the next open season.

Ms. _____

Please advise me by _____, 19____, how you wish to take care of your share of the FEHB premium during your suspension.

Sincerely,

(NAME)
State Director

Enclosures

* To prevent a break in service, the action returning the employee to active duty must show the day immediately following the date the suspension ends; in many instances this will be a non-workday; i.e., Saturday.

** If the State has an exclusive representative (Union) and the employee is included in the bargaining unit be certain to review the labor agreement. Ascertain whether the agreement contains additional requirements, i.e., advise the employee of his/her right to union representation, identify the union steward; furnish two copies of the proposal, etc.

*** Insert this information only in those decision letters suspending an FEHB program participant for a full pay period when the pay available in that pay period will be insufficient to cover the appropriate FEHB withholding. (To assist the employee's pay from regular salary, it is recommended that on 14 day suspensions, the suspension cover two pay periods, i.e., the first week of the suspension can be taken during the second week in the first pay period and the second week of the suspension can be taken the first week of the second pay period.)

(NOTE: The decision letter must be received by the employee prior to the effective date of the action. The following should be enclosed with the letter to the employee: (1) FmHA Instruction 2063-L and OPM Bulletin No. 890-90.)

Ms. _____

Reference: FPM Chapter 752, Subchapter 2
Part 752, Title 5, Code of Federal Regulations
FPM Bulletin No. 890-90 dated 8/5/82
(when applicable)
FmHA Instruction 2045-GG
FmHA Instruction 2063-L

NOTE: The above are ready references for the Administrative Sections' use and need not be listed on the letters going to the employee unless you believe it will be useful information.