

Post-Probation Veteran Discharge Letter

[Recipient Name]
[Street Address]
[City, ST ZIP Code]

Dear [Recipient Name]:

You are hereby notified that [County Name] intends to discharge you from your position as a [insert job title]. The grounds for discharge are based on [insert reason- must be for misconduct and/or incompetence].

The specific factual grounds for your proposed discharge, based on the information currently available, include but are not limited to the following:
[Insert factual reasons for discharge]

Pursuant to the Veterans Preference Act, Minn. Stat. §197.46, if you are an honorably discharged Veteran you have the right to select one of the following options if you choose to challenge the discharge:

Option 1: Collective Bargaining Grievance Process

By electing to challenge the discharge under the grievance procedure set out in the Collective Bargaining Agreement applicable to you, you will waive your right to challenge your discharge under the Veterans' Preference Act. If you elect to challenge your discharge by means of a union grievance, then it is your responsibility to follow the grievance procedures set forth in the Collective Bargaining Agreement applicable to you. Failure to follow the applicable grievance procedures may result in a waiver of your rights and remedies available to you (including, without limitation, reinstatement).

Option 2: Veterans' Preference Hearing

Pursuant to the Veterans Preference Act, if you are an honorably discharged veteran you have the right to request a hearing on your discharge within thirty (30) days of your receipt of this notice. Failure to request a hearing within this thirty (30) day period shall constitute a waiver of rights to a hearing and all other available remedies for reinstatement to your position.

Your request for a hearing must be made in writing and submitted by mail or personal service to:

[Insert Name of Person - HR Director/Manager recommended]

[Insert Title of person above]

[Address Line 1]

[Address Line 2]

Your request for a hearing must also state whether you elect to have the hearing before [Select if one of the following applies: Civil Service Board or Commission, Merit System Authority in place as of July 1, 2016, or Personnel Board of Appeals] or an arbitrator selected from a list provided by the Bureau of Mediation Services in accordance with the provisions of Minn. Stat. §197.46(c). If you do not state your election in your written request for a hearing, then the determination on the type of hearing will be made by [County Name].

Additionally, within 30 days of your receipt of this notice, you must also submit a copy of your DD214 (establishing that you are an eligible, honorably discharged veteran) to [HR Director/Manager] by mail or personal service at the above listed address.

If you have any questions about this letter or your rights and responsibilities, please contact me directly at [phone number] or [email address].

Sincerely,

[Name]

HR [Director/Manager]