



MEMORANDUM

From: Shawanna Qawiy, City Manager *Shawanna Qawiy*
To: Christine Hudson, Chief/Clarkston Police Department
Date: April 13, 2023
Ref: Department Head/Employee Disciplinary Action

Per the City of Clarkston Employee Handbook, Chapter 10- Guidelines for Disciplinary Action you are in direct violation of Section 3. Rules of Conduct as listed below.

- A. Failure or refusal to follow oral or written instructions.
- B. Inefficiency or lack of application in the performance of duties.
- N. Conduct unbecoming a city officer or employee.
- BB. Insubordination



EMPLOYEE DISCIPLINARY ACTION FORM

Effective Date of This Action APRIL 14, 2023

- New Hire Status Transfer Performance Review Salary Change
 Re-Hire Separation Promotion Leave of Absence Return from Leave of Absence
 Benefit Enrollment Benefit Change Other Disciplinary Action- 5-day Suspension without Pay
 April 14, 17, 18, 19, 20. Note: Per Chapter 10 Guidelines for Disciplinary Action 3 Rules of Conduct A. B. N. BB. Insubordination

HUDSON CHRISTINE
 Last Name First Name M.I. Emp #

Complete ALL Previous and New items that are applicable below (*denotes required field):

Item	Previous (if applicable)	New
Department	POLICE	
Manager Name	SHAWANNA QAWIY	
Job Title	CITY MANAGER	
Classification	<input type="checkbox"/> Hourly <input type="checkbox"/> Salaried	<input type="checkbox"/> Hourly <input type="checkbox"/> Salaried
Pay Rate	\$ _____ <input type="checkbox"/> per hour <input type="checkbox"/> per pay period	\$ _____ <input type="checkbox"/> per hour <input type="checkbox"/> per pay period
Increase	_____ %	
Effective Date	___/___/___	
Last Increase Date	___/___/___	
Scheduled Hours	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary
Benefits		Health Leave
Retroactive to: ___/___/___.		

Salary Change:
Type:

Merit _____ %
 Promotion _____ %
 Other (Adjustment) _____ %

Performance Review:
Rating:

Exceeds Requirements
 Meets Requirements
 Below Expectations

Reason for Disciplinary Action:

Reason:
See attached description related to Chapter 10 Guidelines for Disciplinary Action 3 Rules of Conduct A B N BB- Insubordination

Rehire: Yes / No

Last Worked: ___/___/___

Pay Through: ___/___/___

Vacation Payout _____ hrs

Final Payroll Check will be a Live Check – Automatic

Leave of Absence:

Personal Military Medical Other _____

Employee will begin leave on ___/___/___ and is expected to return on ___/___/___.

Update: Employee returned to work on ___/___/___.

City Manager Approval	Shawanna Qawiy (Print Name)	 (Signature)	Date <u>4.13.23</u>
Department Head	Christine Hudson (Print Name)	 (Signature)	Date <u>4.13.23</u>
Employee	(same as above) (Print Name)	_____ (Signature)	Date _____