STATE OF MARYLAND
DEPARTMENT OF BUDGET & MANAGEMENT
OFFICE OF PERSONNEL SERVICES AND BENEFITS
301 WEST PRESTON STREET
BALTIMORE, MD 21201

NOTICE OF TERMINATION

(Use ONLY for the disciplinary termination of employees in the Skilled and Professional Services, other than Special Appointments.)

TO:

Name _____ Social Security Number _____

Home Address _____ City/State _____ Zip Code _____

Classification _____

Name of Employing Agency _____

Under the authority of Title 11 of the State Personnel and Pensions Article, I hereby terminate you from your ☐ **Skilled Service;** ☐ **Professional Service** position effective _____.
This termination is ☐ **With Prejudice:** ☐ **Without Prejudice**.

You are advised that you may appeal, in writing, this termination **within fifteen (15) calendar days** after receipt of this notice to:

Name: _____
Title: _____
Address: _____
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CAUSE(S) FOR TERMINATION

(Specify the rules violated and the incidents of violations with appropriate dates.)

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MS 507 (REVISED 5/98)

EXPLANATION FOR TERMINATION

(State why termination was determined to be the appropriate discipline.)

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DATE OF NOTICE: ..... (Signed) .....

Appointing Authority

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Title of Position

APPROVED BY: ..... DATE: .....

Head of Principal Unit

Please forward a copy of this notice to the Department of Budget and Management's Office of Personnel Services and Benefits — Attention: Employee Relations Division, at the time this notice is given to the employee.