

DATE: [Date]

TO: [Employee Name], [Employee PSID#]

FROM: [Department Director/Hiring Authority]

RE: Placement on Paid Administrative Leave

Effective immediately, you are being placed on administrative leave. During this time, your pay and benefits remain intact. This action is being taken as a result of [short description of the situation]. You will remain on administrative leave until further notice.

While on administrative leave, you are required to:

1. Not engage in any county duties or activities unless expressly directed to do so by [department contact] or human resources staff.
2. Not attempt to physically access your worksite unless directed to appear by [department contact] or human resources staff.
3. Remain available for contact from [employee’s work schedule, e.g., 8:00 a.m. to 5:00 p.m. Monday through Friday], except for regular meal and rest breaks, and provide a telephone number and email address where you will be available to respond during those hours.
4. Be ready, willing, and available to be called back to work at any time during your regular work hours.
5. Notify [department contact] if you would like to take leave and thus be unavailable for contact. You must receive [department contact’s] pre-approval for such unavailability.

These requirements remain in effect until further notice. Failure to comply with any of the requirements above may subject you to discipline.

cc: Department Director/Hiring Authority

Department Human Resources Manager

 Personnel File