Corrective Action Form

(Police)

Employee Information

Employee Name: **Jeffrey Stovall**

Job Classification: **Patrolman**

Department: **PD**

Work Unit: **Operations**

Date of Discussion: **June 29, 2020**

Issue (Employment or Policy Violated):

1. 2-1 Oath of Office/Code of Ethics. Policy. I.
2. 2-2 Rules of Conduct. I. A. 1. F. Rules. I. A. II. D. 1. b. 2.

Points to Cover:

Prior Disciplinary actions: ☒ **No** ☐ **Yes**

If Yes – Date & Violation:

Other points:

Officer Stovall, I am deeply troubled by your actions in this incident, specifically that you decided to drink and drive and put yourself and the department in this position. This department holds its officers to the highest standards of professionalism and there is no tolerance for its officers driving under the influence. It is particularly troubling that you violated a drunk driving law, the very one work so hard to enforce. When officers break the same laws we enforce, it undermines the trust and confidence of the public. That situation is untenable and will not be tolerated.

You are a decorated and veteran officer who is held in high regard by your peers and superiors. Your work ethic is outstanding and I do not expect anything less coming out of this situation. You have admitted your mistake, taken full responsibility, and have completed or enrolled in treatment programs before being ordered so by me or the court. That willingness to accept responsibility and admit you need help shows how serious you are about solving this problem and moving forward. For that, I commend you.

EXPECTED IMPROVEMENT/SUGGESTIONS FOR IMPROVEMENT/TIMEFRAME:

Immediate

CONSEQUENCES IF IMPROVEMENT DOES NOT OCCUR:

Continued violations of this type will result in further discipline up to and including termination of your employment.

EMPLOYEE COMMENTS:

ACTION BEING TAKEN:

☐ Oral Warning/Reprimand

☐ Written Warning/Reprimand

☐ *Education Based Discipline

☒ **Suspension for eighty (80) hours LWOP.
Immediate removal from USMVOTF position and assigned back to patrol. Shift and days off TBD.
Immediate removal from SWAT Team. Ineligible to apply for any specialized positions for a period of two (2) years from this date.
Expectation to complete all court ordered requirements.

☐ ***Last Chance Agreement

☐ **Transfer/Demotion

☐ ***Discharge

*Requires coordination/consultation with Human Resources

**Requires the approval of the Department Head and coordination/consultation with Human Resources. If more than 8 hours or one shift suspension, approval of the City Administrator is required.

***Requires the approval of the Department Head and City Administrator and coordination/consultation with Human Resources.

THIS DOCUMENT

All Original Documents should be routed to Human Resources for placement into the employee's personnel file.

Copies should be made for the Employee, Supervisor and Union (if applicable).

SIGNATURES

Employee: _____ Date: 6-29-20

(This is to certify that I have been given a copy. My signature does not imply agreement)

Supervisor Signature: _____ Date: _____

Additional Persons(s) present during discussion: _____ Date: _____

Department Head Signature: _____ Date: 6/29/2020

Human Resources Signature: _____ Date: _____

I request forfeiture of accrued compensatory time in lieu of suspension day(s). XX hours of compensatory time will be forfeited for each suspension day.

Employee: NA Date: _____

Department Head: NA Date: _____