



# DISCIPLINARY HEARING REFUSAL/WAIVER OF ATTENDANCE

On \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m., \_\_\_\_\_, \_\_\_\_\_  
Date Time Name DOC number

Waived attendance

Refused to attend the scheduled disciplinary hearing for the following reason(s):

\_\_\_\_\_

\_\_\_\_\_  
Signature Date Time

\_\_\_\_\_  
Employee/contract staff Signature Date Time

\_\_\_\_\_  
Employee/contract staff Signature Date Time

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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