



**DISCIPLINARY HEARING
REFUSAL/WAIVER OF ATTENDANCE
AUDIENCIA DISCIPLINARIA RENUNCIA A LA ASISTENCIA**

On _____ at _____ a.m. p.m., _____, _____
Date/Fecha Time/Hora Name/Nombre DOC number/Núm. DOC

Waived attendance/*Renuncia a la asistencia*

Refused to attend the scheduled disciplinary hearing for the following reason(s):
Se rehúsan a asistir a su audiencia disciplinaria programada por las siguientes razones:

Individual's signature/*Firma del Individuo* Date/Fecha Time/Hora

Employee/contract staff Signature/*Firma* Date/Fecha Time/Hora
Empleados/personal contratista

Employee/contract staff Signature/*Firma* Date/Fecha Time/Hora
Empleados/personal contratista

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