

**FINAL DETERMINATION OF VOIDED APPOINTMENT
NOTICE – OVER 1 YEAR
MUST BE BAD FAITH AND HAVE SPB APPROVAL**

TEMPLATE

[INSERT DEPT. LETTERHEAD]

Date

Employee Name

Employee Address 1

Employee Address 2

Personnel Officer Name

Personnel Officer

Department Name

Human Resources

Department Address

RE: Final Determination of Voided Appointment Notice

On **[DATE OF INTENT TO VOID NOTICE]**, the **[DEPARTMENT NAME]** notified you that your appointment to **[CLASSIFICATION TITLE]** was deemed unlawful. On that date, you were provided 15 days to submit any additional information you may have which could alter the **[DEPARTMENT NAME]**'s determination.

(Include the following language if the employee provided additional information)

You provided additional information on **[DATE(S) PROVIDED]**. After review of this information, the **[DEPARTMENT NAME]** determined that your appointment to the **[CLASSIFICATION TITLE]** position, effective **[DATE EMPLOYEE WAS OFFERED AND FORMALLY ACCEPTED THE POSITION]** was unlawful.

(Include the following language if the employee did not provide additional information)

You did not provide any additional information in response to this request.

On **[DATE REQUEST MADE TO SPB]**, the **[DEPARTMENT NAME]** forwarded all pertinent documents to the State Personnel Board (SPB) pursuant to California Code of Regulations, title 2, section 243.5, subdivision (c), for approval to void your appointment. The SPB agreed that your appointment to the **[CLASSIFICATION TITLE]**

position, effective **[DATE EMPLOYEE WAS OFFERED AND FORMALLY ACCEPTED THE POSITION]** is unlawful and shall be voided.

The SPB determined the appointment is unlawful due to **[REASON FOR UNLAWFUL APPOINTMENT DETERMINATION INCLUDING BAD FAITH DETERMINATION]**.

(Include the following language if it is determined that the employee did not act in good faith.)

Please note that California Code of Regulations, title 2, section 243.3, subdivision (c), states that an employee who acts in other than good faith when accepting an appointment which is subsequently voided shall reimburse all compensation resulting from the appointment. California Code of Regulations, title 2, section 9 defines compensation as including, but not limited to, salary, vacation, sick leave, health benefits, etc. As a result, it is estimated that you will be required to reimburse **[\$0.00 - DOLLAR AMOUNT]**.

(Include the following language if it is determined that only the department did not act in good faith.)

The **[DEPARTMENT NAME]** did not act in good faith when offering the appointment. However, there is no evidence that you, the employee, acted in other than good faith. Therefore, you are permitted to retain all compensation you received because of the unlawful appointment pursuant to California Code of Regulations, title 2, section 243.3, subdivision (b).

Your appointment will be voided effective **[DATE – (MUST BE WITHIN 5 WORKING DAYS OF THE BOARD’S ISSUANCE OF ITS FINAL DECISION)]**.

Pursuant to California Code of Regulations, title 2, section 243.5, subdivision (d), you may not file an appeal challenging the decision to void your appointment, except to challenge the amount of reimbursement. (Cal. Code Regs., tit. 2, § 243.6, subd. (a)). Such appeals must be filed within one year of the effective date of the voided appointment.

California Code of Regulations, title 2, section 243.5, specifies such appeals must be made in writing, shall be limited to 15 pages, and state all applicable reasons and legal bases supporting the appeal. The SPB Appeal/Complaint Form can be found on the SPB website, www.spb.ca.gov.

While you are not entitled to an appeal, you may file a Petition for Reconsideration with the SPB concerning its decision. The Petition must be filed with the SPB within 30 calendar days of receipt of the SPB or Executive Officer's final decision.

(Include the following language if it is determined that the employee does have return rights to their former position.)

After this appointment is voided, you have a right of return to your former position as a **[CLASSIFICATION TITLE]** at the **[FORMER OR CURRENT DEPARTMENT NAME]**. Please contact **[HR CONTACT NAME]** at **[FORMER OR CURRENT DEPARTMENT NAME]** to arrange reinstatement.

(Include the following language if it is determined that the employee does not have return rights to their former position.)

You have no right of return to any former state civil service position. As such, as of **[DATE]** you will no longer be employed by the state.

If you have any questions regarding this notice, please contact **[ASSIGNED STAFF]** **[STAFF CONTACT INFORMATION]**.

Sincerely,

/s/Personnel Officer
Personnel Officer Name
Personnel Officer
Department Name
Human Resources Division