

NORTHLANDS JOB CORPS CENTER

NOTICE OF HEARING AND APPRAISAL OF RIGHTS

Student Name: _____ Student ID #: _____ Current Date: _____

This is to notify you that a Fact-Finding Board (FFB) will be reviewing the following allegations, on the date and time below:

Location: Center Standards Office

Date: _____

Time: _____

The specific allegations against you are:

☐ **LEVEL I:** _____

☒ **LEVEL I:** _____

☐ **LEVEL II:** _____

☐ **LEVEL II:** _____

STUDENT PLEA TO ABOVE CHARGES: ☐ **GUILTY** ☐ **NOT GUILTY**

This Board is for the purpose of determining your innocence or guilt of charge (s) and your future status with *Center name* Job Corps Center. Depending on the applicable level, you have the right to:

☒ **LEVEL I:**
1. Submit written input into the Fact-Finding Board.
2. Appeal the decision of termination to the Job Corps Regional Office within 30 calendar days of separation.

☐ **LEVEL II:**
1. Appear before the Fact-Finding Board (if you are on center)
2. Submit in writing, input regarding charges for the Board.
3. May appeal Board decision to Center Director, and if applicable, Center Director's decision to Regional Appeal Board with 30 calendar days of separation.

If found guilty of these charges, the Fact-Finding Board will make the following recommendations:

☒ **Level I** Automatic Discharge/Separation must be recommended.

☐ **Level II** Separation, or retention, with sanctions may be recommended.

☐ I do wish to appeal ☐ I do not wish to appeal ☐ Student refused to prepare a written statement

Student's Printed Name:

Student Signature:

Center Standards & Incentives Officer:

Date: