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| State of Wisconsin  Department of Administration  Division of Personnel Management  DOA-15807-F (R12/2023)  § 230.34 & § 111.80, Wis. Stats. | |  | | CASE NUMBER (If applicable):  **[Case Number]** | | | |
| EMPLOYEE INVESTIGATION REPORTS  FINAL CONCLUSION | | | | | | | |
| **INSTRUCTIONS:** | To be completed by Human Resources staff. Provide the final conclusion below. Attach all supporting documentation. | | | | | | |
| SUBJECT OF INVESTIGATION (Last Name, First Name, M.I.)  [Last Name, First Name, M.I.] | | | JOB TITLE OR CLASSIFICATION  [Classification] | | | | INCIDENT DATE(s):  [Incident Date(s)] |
|  | | | | | | | |
| **PRIOR DISCIPLINES AND / OR NOTICE (job instruction, Letter of Expectation, etc.)** | | | | | | | |
| Effective Date | Description & work rules (if applicable) | | | | | Disposition | |
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| DESCRIPTION OF FINAL CONCLUSION: | | | | | | | |
| COMPLETED BY: | | | | | DATE: | | |