

NOTICE OF SUSPENSION WITHOUT PAY

Employee Name

Employee Title

Employee ID

Supervisor Name

Supervisor Title

1. Beginning date of suspension: _____ Return date from suspension: _____

2. The reason(s) for the suspension, including the problem to be corrected, the standard to be met, or the rule, policy or procedure that has been violated:

3. Remedial action(s) expected to correct the problem or behavior (with timetable):

Due Date: _____

Due Date: _____

Due Date: _____

4. Previous reprimands or disciplinary measures (if any):

NOTICE TO THE EMPLOYEE: If you fail to return to work as scheduled following the suspension without pay and fail to provide notice to your supervisor of an acceptable reason for your absence from work within three (3) days, you will be considered to have terminated your employment voluntarily.

Failure to demonstrate immediate and sustained improvement or if additional performance deficiencies arise, you may be subject to termination.

Approvals:

Supervisor Signature

Print Supervisor Name

Date

Respective Vice President's Signature

Print Respective Vice President's Name

Date

VP ESO Signature

Print VP ESO Name

Date

EMPLOYEE ACKNOWLEDGEMENT: If you disagree with the cause or content of this disciplinary action, you may direct your concerns in writing to your second level supervisor within ten (10) working days of this disciplinary action in accordance with PS.02.B.01, Staff Grievance Policy.

By signing this document, you acknowledge receipt of this notice and the resulting disciplinary action; however, your signature does not necessarily indicate that you agree with its content.

Employee Signature

Print Employee Name

Date