



# 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

\_\_\_\_\_  
Employee Relations Officer or Designee

\_\_\_\_\_  
Print Employee Relations Officer or Designee 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