

SUSPENSION

Employee Name

Today's Date

Supervisor

Date of Incident

Date(s) of Previous Disciplinary Action(s)

Nature of Incident:

Corrective Action Required:

Employee's Statement:

Consequence of next occurrence:

LENGTH OF SUSPENSION

START DATE ENDING DATE

By signing this document, I certify that I have read its contents; however, my signature is not to be construed as any admission by me regarding its contents.

Employee's Signature

Date

Supervisor's Signature

Date

Human Resources Signature

Date

Original – Human Resources Copy – Employee

Copy – Supervisor/Union