



NOTIFICATION OF SUSPENSION

EMPLOYEE NAME _____
DEPARTMENT _____
DATE OF VERBAL & WRITTEN WARNINGS _____

I have spoken with the above-mentioned employee on the above mentioned dates concerning:

I am recommending that the employee be suspended from work on the following date(s): (Up to three (3) scheduled work days) _____

Upon returning to work, the employee must show immediate improvement or he/she will be discharged.

(If more room is needed, attach a separate sheet)

Supervisor's Signature _____ Date: _____

Employee's Signature _____ Date: _____

Division Directors Signature _____ Date: _____

Executive Director's Signature _____ Date: _____

- 1) Original: Personnel File
- 2) Copy: Supervisor's File
- 3) Copy: Employee