

DISCIPLINARY NOTICE OF SUSPENSION

Employee Name: _____ Date: _____

Department: _____ SSN: _____

Job Title: _____

In accordance with Company progressive disciplinary policy, this is to notify you that you have been suspended from your employment, without pay, for a period of

_____ working days from _____ through _____

and an expected return to work date of _____ .

Date of incident for which suspension is given: _____

The reason of this action is as follows: _____

DETAILED EXPLANATION (or see attached documentation)

Dept. Head or Designee Signature/Date

Director of H.R. Signature/Date

Copy to employee: _____ in person _____ mailed

Please be advised those future occasions which result in progressive disciplinary action could result in more severe disciplinary action, up to and including termination.

You are hereby notified that the Company provides confidential services to help employee who face personal matters that adversely affect their lives and job performance. Enclosed is a brochure that contains information and a toll free telephone number (1-800-XXX-XXXX) for the Employee Assistance Program (EAP).

The employee and/or/his designated representative may submit a written appeal on a disciplinary suspension: (1) Directory to Step 2 of the Grievance Procedure within 5 days of notification of the suspension, or (2) to Step 1 of the Grievance Procedure (Department Head or Designee) within 3 days of notification of the suspension. In such event, the Department Head or Designee must hear the case within 3 days from the receipt of the written appeal. Should the appeal be unheard or unanswered as a sole result of management delay, the employee shall be reinstated with full back pay.

Cc: Personnel file