



NOTICE OF SUSPENSION WITHOUT PAY

Employee Name

Employee Title

Supervisor's Name

Supervisor's 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 expected to correct the problem or behavior (with timetable):

Due Date

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



NOTICE OF SUSPENSION WITHOUT PAY

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 will be subject to termination.

Approvals:

Supervisor's Signature

Date

Print Supervisor's Name Here

Respective Vice President's Signature

Date

Print Respective Vice President's Name Here

V.P. Employment Services & Operations

Date

Print ESO Representative's Name Here

EMPLOYEE ACKNOWLEDGEMENT: If you disagree with the cause or content of this notice of suspension without pay ("notice"), you may direct your concerns in writing to your second level supervisor within ten (10) working days of this notice in accordance with P.S. 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

Date

Print Employee's Name Here

xc:

Print Department Manager's Name Here

Print Respective V.P.'s Name Here

Ivonne Montalbano, ESO

