



CITY OF LITTLE ROCK

COPY: Check One

- Human Resources Personnel File
- Human Resources Disciplinary File
- Department
- Division
- Employee

NON-UNIFORM EMPLOYEE DISCIPLINARY ACTION FORM RECORD OF SUSPENSION

DATE _____

EMPLOYEE # _____

DEPARTMENT _____

DIVISION _____

NUMBER OF DAYS _____

DATES OF SUSPENSION _____

Employee Name

Complete Home Mailing Address

This is to advise you that you are hereby suspended for the following reasons:

You are hereby warned that a recurrence of this infraction, or other infractions, will result in further disciplinary action up to and including termination.

You have the right to appeal this action and may request an administrative hearing within ten (10) working days upon receipt of this letter.

_____/_____
Employee's Signature / Date

(Does not necessarily imply agreement with the stated reasons and/or disciplinary action.)

_____/_____
Immediate Supervisor's Signature / Date

OR (if applicable)

_____/_____
1. Witness / Date

_____/_____
Division Manager's Signature / Date

_____/_____
2. Witness / Date

_____/_____
Department Director's Signature / Date
(indicates review and approval)

_____/_____
Union Steward's Signature / Date
(if applicable)