



NON-UNIFORM EMPLOYEE DISCIPLINARY ACTION FORM RECORD OF SUSPENSION

DATE

EMPLOYEE #

DEPARTMENT

DIVISION

NUMBER OF DAYS

DATES OF SUSPENSION

Employee Name

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.

(Non-Probationary ONLY) You have the right to appeal this action and may request an administrative hearing within ten (10) working days upon receipt of this letter to the Labor and Employee Relations Division-Human Resources Department.

_____/_____
Employee's Signature / Date Immediate Supervisor's Signature / Date
(Does not necessarily imply agreement with the stated reasons and/or disciplinary action.)

OR if employee refuses to sign:

_____/_____
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)