



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

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)