



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:

Blank lines for providing reasons for suspension.

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 to the Labor and Employee Relations Division-Human Resources Department.

Employee's Signature / Date Immediate Supervisor's Signature / Date

OR if employee refuses to sign:

1. Witness / Date Division Manager's Signature / Date

2. Witness / Date Department Director's Signature (indicates review and approval) / Date

Union Steward's Signature (if applicable) / Date