

Office of Human Resources 18952 E. Fisher Road St. Mary's City, MD 20686 www.smcm.edu TEL: 240-895-4309 FAX: 240-895-4997

NOTICE OF DISCIPLINARY SUSPENSION

	Date:	
To Employee (Name):	Title:	
Disciplinary Suspension		
You are hereby suspended without pay for	work hours/	work days
effective (date)	(time)	
until (date)	/·*	
Reason for Suspension		
You are being issued this disciplinary suspension for	or violation of a college rule or regular	tion:
The violation occurred on or about (date)	а	at approximately
(time) at the follocation	ollowing	
Facts Related to Violation (Be Specific Regarding	g Circumstances Involved)	
(,	
Future violations of college rules or regula suspension, or termination. Employee has the right Resources within 10 working days from the date of	t to file a grievance with the Office of	Human
Employee Received Original: In Person By Certified Mail	Supervisor's Signature	Date

Title

Employee's Signature

Date

My signature acknowledges receipt of this action; it does not necessarily imply that I agree with the action.