

NOTICE OF DISCIPLINARY SUSPENSION

Date: _____

To: Employee's (Name): _____

Title: _____

Disciplinary Suspension

You are hereby suspended without pay for _____ work hours/ _____ work days

effective (date) _____ (time) _____

until (date) _____ (time) _____

Reason for Suspension

You are being issued this disciplinary suspension for violation of a college rule or regulation:

The violation occurred on or about (date) _____ at approximately

(time) _____ at the following location _____

Facts Related to Violation (Be Specific Regarding Circumstances Involved)

Future violations of college rules or regulations may result in further disciplinary action, suspension, or termination. Employee has the right to file a grievance with the Office of Human Resources within 10 working days from the date of the alleged incident or knowledge of incident.

Once you've completed and saved this form, please email your document to: hr@smcm.edu

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.