

Appendix Number 18

EMPLOYEE SUSPENSION NOTIFICATIONS

Notes:

EMPLOYEE UP TO TWO-DAY SUSPENSION NOTIFICATION

To (Name of Employee): _____

Date of Notice: _____

Date of Violation: _____

Location of Violation: _____

Nature of Violation: _____

Previous Related Violation(s)/Date(s): _____

Disciplinary Action to be Imposed: _____

Corrective Action Sought: _____

Employee Suspension Dates. From: _____ To: _____

Tremonton City Representative or Official Date

I have reviewed and received a copy of this form.

Employee's Signature Date

Notes:

REV 11-11.1

A18-4

EMPLOYEE OVER TWO-DAY SUSPENSION NOTIFICATION

To (Name of Employee): _____

Date of Notice: _____

Date of Violation: _____

Location of Violation: _____

Nature of Violation: _____

Previous Related Violation(s)/Date(s): _____

Disciplinary Action to be Imposed: _____

Corrective Action Sought: _____

Employee Suspension Dates. From: _____ To: _____

Tremonton City Representative or Official

Date

I have been informed and understand that I may appeal this disciplinary action, within ten (10) days, to an Appeals Board. I have also been informed and understand that during the appeals process I may be represented by legal counsel. I have reviewed and received a copy of this form.

Employee's Signature

Date

Notes:

REV 11-11.1

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