



RECORD OF SUSPENSION – 15 DAYS OR MORE

Name of Employee:	Employee Classification/Job Title:
Date of Violation Occurrence:	Time of Occurrence:
Location of Occurrence: Date(s) of Suspension without pay:	Nature of the Violation: Incompetency, Inefficiency, dishonesty, drunkenness, immoral conduct, insubordination, discourteous treatment of the public, neglect duty, failure of good behavior, Misfeasance, Malfeasance, Nonfeasance, Other <hr/> <p align="center">(Underline Violation or fill in blank)</p>

Description of Violation (Use the reverse of this page or additional pages if necessary):

Date of Verbal Warning: _____ Date of Written Warning: _____ Prior Suspension: YES or NO

This suspension is issued as a corrective measure to improve future conduct. This suspension will be removed from your personnel files after (24) months. Any further violations could result in more severe disciplinary actions which may result in termination of your employment.

SIGNATURE OF EMPLOYEE

DATE

SUPERVISOR WHO ISSUED WARNING

DATE

UNION REPRESENTATIVE

DATE

Copies to: Employee, Employee Personnel File