

Employee Suspension Notice

This form serves as an official notice of suspension to the employee named below. A copy of this notice will be placed in the employee's permanent personnel file.

Employee Information

Employee Name: Employee ID:
Department: Supervisor Name:
Date of Notice: Job Title:

Suspension Details

Suspension Start Date:
Suspension End Date:
Expected Return to Work Date:
Type of Suspension (Paid / Unpaid):

Reason for Suspension

Identify the policy violation or misconduct category:

Detailed Description of Incident / Violation:

Details of Prior Warnings (verbal or written, if applicable):

Corrective Action & Expectations

Specify expectations and consequences if performance or behavior does not improve upon return:

Acknowledgment & Signatures

By signing below, the employee acknowledges receipt of this suspension notice. The signature does not necessarily indicate agreement with the statements above, but confirms the notification has been received and understood.

Employee Signature: Date:
Supervisor Signature: Date:
HR Representative Signature: Date: