

Shasta Head Start Child Development, Inc.

Suspension Notice

Employee name: _____ Date: _____

Position: _____ Location: _____

Disciplinary Action: The purpose of this form is to inform you that you are being placed on suspension for the following reasons:

Description of problem requiring improvement or correction (including specific dates and examples):

Suspension will be: With Pay _____ Without Pay _____

Date of return to work: _____ Who/Where to report to: _____

Employee comments:

I have received and reviewed this suspension and informed that a copy of this notice will be placed in my personnel file.

Employee's Signature Date

Supervisor comments:

A copy of this suspension notice was personally delivered to the above employee by: _____

Supervisor's Signature Date

Director or Human Resource Signature Date