

EMPLOYEE SUSPENSION NOTIFICATION

Name of Employee: _____

1. Date of Notice: _____
2. Date of Violation: _____
3. Location of Violation: _____
4. Nature of Violation:

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5. Previous related violation(s) / date(s):

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6. Disciplinary action to be imposed:

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7. Employee suspension dates: _____ to _____

8. Suspension is: With Pay Without Pay

I agree and understand that by signing the Electronic Signature Acknowledgment and Consent Form, that all electronic signatures are the legal equivalent of my manual/handwritten signature and I consent to be legally bound to this agreement.

Department Head Signature City Administrator/Manager Signature Date

I have been informed and understand that I may appeal this disciplinary action, within ten (10) days, by filing a grievance as described in Policy 3.1 of the North Ogden City Personnel Policy Manual. I have also been informed and understand that during the appeal process I may be represented by legal counsel.

I have reviewed and received a copy of this form.

Employee Signature Date