

Notice of Suspension

Date of Issue: _____

Employee Name: _____

Employee ID: _____

Department: _____

Position:

Details of Suspension

Effective Dates of Suspension _____ to _____

Duration days

Reason for Suspension _____

**Previous Warnings
(if any)** _____

Employee Guidance

You are hereby notified of your suspension from work for the reason(s) outlined above. During your suspension period, you are not required to report to work and will not receive pay unless otherwise stated.

You are expected to comply with all company policies and procedures during this period. Failure to do so may result in further disciplinary action, up to and including termination of employment.

If you have any questions or would like to discuss this notice, please contact your manager or the Human Resources department.

Date: _____

Supervisor/Manager Signature
Date: _____

Employee Signature

CC: HR Department