

Suspension Notice

Name:	
Title:	Shift:
Department:	Date of Suspension Notice:
	Date of Prior Written Warning:
	Date of Prior Oral Warning:
	Date of Coaching and Counseling Memo:

This suspension notice and attached Performance Improvement Plan constitutes formal notice to you of continued undocumented absenteeism in the course of your employment at Union College.

Reason for the warning: B-1 Excessive Lateness
 Examples and dates of behavior/activity: See Below

You are receiving this memo because as of date you have exceeded the amount of allowed lateness prior to disciplinary action. Excessive lateness is considered by College policy to be more than five occurrences of lateness in a calendar year. Consecutive years of excessive lateness will cause the next stage in the disciplinary process for excessive lateness.

For the current calendar year you have been late as follows:
Copy, Paste, and Update the "You have been late the following days" section from the Written Warning Memo

Out of a total of five allowable occurrences, you have been late total # of late days used times.

As a result of your continued excessive lateness, you are hereby suspended without pay for _____ working days. You are to report back to work on:

Date: _____ Time: _____

Unpaid suspension waived for the following reason(s) (waiver does not lessen the impact of the suspension):

Performance Improvement Plan attached (Boilerplate form letter available from HR).

The employee was informed of the seriousness of the matter, that it constitutes a suspension, and that further lateness will result in termination of employment

Employee's reaction was: _____

Employee Signature: _____ *Date:* _____

I understand that my signature indicates that this document has been discussed with me and I have received a copy of it; it does not necessarily indicate agreement with the facts or actions stated. If I disagree, it is my option and responsibility to comment as appropriate.

Supervisor Signature: _____ *Date:* _____

Department Head Signature: _____ *Date:* _____

Copies should be given to: Employee, Human Resources and Department (Timesheet Adjustment)