

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: Excessive Absenteeism
 Examples and dates of behavior/activity: See Below

You are receiving this memo because as of date you have exceeded the amount of acceptable sick time (# of annual hours hours) available to you (absences covered by an appropriate doctor's note are not counted toward this excessive determination). Our records indicate that you have taken a total of total # of hours taken to date hours with # of hours not covered by doctor's note hours not covered by an appropriate doctor's note.

Copy, Paste, and Update the "You have missed the following days" section from the Written Warning

This memo is also intended to inform you that out of a total annual allotment of total # of annual paid hours paid sick hours you have already used total # paid sick hours used hours of paid sick time. This only leaves you with # of paid sick hours remaining paid sick hours for the remainder of the calendar year.

The employee was informed of the seriousness of the matter, that it constitutes a suspension, and that further undocumented absenteeism may be cause for termination of employment.

As a result of your continued undocumented absenteeism, 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).

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)