**Notice to Employee of Suspension W/O Pay**

To: Employee Name

Employee SSN

From: Supervisor Name

Supervisor Title

Date

Subject: Notice of Suspension without Pay

This is official notice that you are suspended without pay beginning at 8:00 a.m. on November 5, 2010 and ending at 5:00 p.m. on November 30, 2010.

Summarize the reasons for the suspension and list previous attempts to correct the behavior, providing dates and actions as much as possible.

This suspension is disciplinary action for the reasons set forth below:

1. You continue to fail to report to work on time, despite previous attempts to correct this behavior through counseling and formal disciplinary action.

2. You were counseled about the importance of arriving at work on time and reporting to the proper place on (date). You and your supervisor signed documentation of this counseling, stating your agreement to work at correcting this behavior.

3. You received a written reprimand on (date) for continuing to report to work late after oral counseling by your supervisor. That letter of reprimand warned of the possible consequences if you continued to be late to work.

You have reported to work late on two (2) additional occasions after receiving the written reprimand. On the first occasion, (date), you were twenty (20) minutes late to work. On the second occasion, (date), you were thirty-five (35) minutes late. The reasons you gave for being late (overslept; could not find matching socks to wear) were not sufficiently compelling to excuse your lateness, and you failed to call the office to warn that you would be late on either occasion.

If you fail to return to work at the end of the suspension period without notifying me promptly of an acceptable reason for not returning as scheduled, I will assume that you have resigned your position with the agency voluntarily.

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