**Employee Suspension Notice**

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| --- | --- | --- | --- |
| **Company Name:** |  | | |
| **Address:** |  | | |
| **Contact:** |  | **Date:** |  |

**Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name:** | John Doe | **Employee ID:** | EMP-4587 |
| **Position/Title:** | Sales Associate | **Department:** | Sales |
| **Supervisor Name:** | Sarah Williams |  |  |

**Details of Suspension**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Suspension:** | ☐ With Pay ☐ Without Pay | **Effective Start Date:** |  |
| **End Date (if applicable):** |  | **Duration:** |  |

**Reason for Suspension**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Violation of company policy | ☐ Misconduct or insubordination | ☐ Attendance or punctuality issues | ☐ Breach of confidentiality |
| ☐ Workplace harassment or unprofessional behavior | | ☐ Other (specify) | |

**Detailed Explanation:**

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**Previous Warnings (if any)**

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| --- | --- | --- | --- |
| **Verbal Warning Issued On:** |  | **Written Warning Issued On:** |  |
| **Summary of Prior Actions Taken:** |  | | |

**Terms and Conditions of Suspension**

1. The employee is prohibited from entering company premises during the suspension period unless authorized.
2. The employee must return any company property (keys, devices, ID badge, etc.) before the suspension takes effect.
3. A review meeting will be scheduled on or after the suspension end date to discuss further actions.
4. Continuation of employment will depend on the employee’s compliance with company policies and behavior improvement.

**Signatures**

**Employee Acknowledgment**  
I acknowledge receipt of this suspension notice and understand the reason and conditions outlined above.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

**Supervisor/Manager Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

**HR Department Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

**For Office Use Only**

|  |  |
| --- | --- |
| **Reviewed By:** |  |
| **Follow-Up Meeting Scheduled On:** |  |
| **Final Decision:** | ☐ Reinstated ☐ Extended Suspension ☐ Termination |