

BALL STATE UNIVERSITY
Service Personnel
Disciplinary Suspension Report

Date: _____

BSU ID No.: _____

To: _____

Title: _____

DISCIPLINARY SUSPENSION:

Part-Time: _____ Full-Time: _____

You are hereby suspended without pay for _____ workdays effective (date) _____ (time) _____ until (date) _____ (time) _____.

REASON FOR SUSPENSION:

You have been issued this **disciplinary suspension** for violation of University rule or regulation number _____ which reads as follows:

The violation occurred on (date) _____ at (time) _____ at the following location _____.

FACTS RELATED TO VIOLATION: (Be specific regarding circumstances involved)

WHAT ACTION HAS BEEN TAKEN:

SUPERVISOR'S RECOMMENDATION:

Future violations of University rules or regulations will result in further disciplinary action, up to and including discharge.

Supervisor's Signature

Distribution:

- 1 copy - Employee
- 1 copy - Employee Relations
- 1 copy - Supervisor

Title