

Morgan State University

Request for Suspension

To:		
From:		Date:
Name of Employee:	Classification:	
Social Security #:	Date of Incident:	
Reason for Suspension (in detail): 		
# of Days Suspended:	Requested Date(s) of Suspension:	Return Date:
Signature of Requester:		Date:
Has this employee been suspended in the last twelve (12) months? Yes <input type="checkbox"/> No <input type="checkbox"/>		
For how many days?	Dates of Suspension:	

Signature: Requester's Supervisor	Approval <input type="checkbox"/> Disapproval <input type="checkbox"/>	Date:
Signature: Department Head	Approval <input type="checkbox"/> Disapproval <input type="checkbox"/>	Date:
Signature: Program Director	Approval <input type="checkbox"/> Disapproval <input type="checkbox"/>	Date:
Signature: Director of Human Resources	Approval <input type="checkbox"/> Disapproval <input type="checkbox"/>	Date:
Signature: Vice President	Approval <input type="checkbox"/> Disapproval <input type="checkbox"/>	Date: