

MORGAN STATE UNIVERSITY
Administrative Staff Disciplinary Suspension Notification

Employee's Name:	Social Security #:
Department:	Job Title:

EMPLOYEE: *You may appeal this suspension directly to the Office of the President in writing within five (5) days after the receipt of this written notice of suspension.*

You have been suspended without pay from duty for disciplinary reasons for a period of _____ working day(s) from _____ through _____ . You are to return to work on _____ at your regular scheduled time.

DATE OF INCIDENT FOR WHICH SUSPENSION IS GIVEN: _____

REASON(S) FOR SUSPENSION: *(Please explain in detail.)*

Certification:

Vice President/Appointing Authority's Signature

Date

FIRST COPY to: Employee

SECOND COPY to: Supervisor

THIRD COPY to: Human Resources