

Effective \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_, (employee) \_\_\_\_\_ has been placed on a \_\_\_\_\_ day  PAID  UNPAID suspension in order to decide whether or not he/she desires to continue employment with our company. Suspension is the final step before discharge. To qualify for reinstatement, the above-named employee must complete and return this worksheet immediately upon arrival the first scheduled day of work following the expiration of the imposed suspension. The above-named employee is scheduled to return to work again on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_. Failure to return this completed worksheet as directed and scheduled shall be deemed as notice of the employee's intent to voluntarily abandon his/her employment.

**MANAGER/SUPERVISOR:**

Outline the behavior or conduct that has led to decision making leave (attach additional page(s) as needed)

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Manager/Supervisor: Please make a copy of the worksheet completed to this point before giving to employee for completion.

**EMPLOYEE:**

Outline the negative effect (as it has been explained to you), how your behavior and/or conduct has had a negative effect on your employer's workplace (attach additional page(s) as needed)

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Outline how you are going to change your behavior and/or conduct to ensure that the current situation will never be repeated (attached additional page(s) as needed)

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Explain what you understand will be the outcome if the behavior and/or conduct is repeated

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**ACKNOWLEDGMENT:**

Supervisor's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Employee's signature: \_\_\_\_\_

Date: \_\_\_\_\_

I understand and acknowledge that I am an at-will employee, and that my employment can be terminated at any time with or without reason or notice, I may also resign at any time with or without reason or notice. I acknowledge that this suspension is my final notice and last chance, and that a repeat of the behavior and/or conduct that has led to this event will result in the termination of my employment.

