BALL STATE UNIVERSITY
Staff Personnel
Disciplinary Suspension

Date: _____ BSU ID No.:_____

To: _____ Title: _____

Employee's Name

_____ _____

Date(s) Problem Occurred **Dates Suspended**

DESCRIPTION OF PROBLEM:

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

_____

Title

_____

Employee's Signature

Distrib: 1 copy - Employee
1 copy - Supervisor
1 copy - Employee Relations

Employee: I certify that this document has been discussed with me, and I understand my signature does not necessarily indicate agreement. I may write a separate response to any and all points and attach it to this report, which will be filed in University Human Resource Services.