

**University of Houston-Victoria
Notice of Suspension Without Pay
FORM C**

To: _____

From: _____

Department: _____

Date: _____

Subject: **Notice of Suspension Without Pay**

- A. State the number of days, the beginning and ending dates and times of the suspension without pay.

- B. Summarize the reasons for the suspension. Show previous attempts to correct the behavior, providing dates and actions.

- C. State the consequences of the employee's failure to return to work at the end of the suspension.

EMPLOYEE ACKNOWLEDGEMENT: I acknowledge receipt of this notice of my suspension without pay but not necessarily agreement with its content. I understand that a copy of this document will be placed in my official personnel file. I understand that I have the right to appeal this action as provided for under UHV Policy C-21, Staff Employee Grievances.

Employee's Signature

Date

Supervisor's Signature

Date

Distribution: 1) Original to Human Resources 2) Copy to Employee 3) Copy to Supervisor