Michigan State University

NOTICE OF SUSPENSION PENDING INVESTIGATION

Employee **Classification** **MSU employment date**

Supervisor **Title** **Department**

You are being suspended with/without (please circle one) pay pending investigation starting on (date) at (time).

Reason

You will be contacted at your address/telephone of record when the investigation has been completed.

Check all of the following that apply:

- Employee asked to be represented by his/her Union or Association representative ☐ yes ☐ no
- Supervisor advised employee that Union or Association representative may be present ☐ yes ☐ no
- Employee declined to have a Union or Association representative present ☐ yes ☐ no
- Union or Association representative(s) was(were) present ☐ yes ☐ no

If yes:

Name Union/Association

Name Union/Association

SIGNATURES:

_____
Employee date

☐ Employee declined to sign

_____
Supervisor date

_____
Employer representative date

_____
Union/Association representative date

_____
Union/Association representative date

A copy of this form will be placed in the employee's official personnel folder.

MSU is an affirmative action, equal opportunity employer.

Distribution of copies:
1 copy to employee
1 copy to department
1 copy to Union/Association
1 copy to Employee Records
1 copy to Employee Relations