**INSTRUCTIONS FOR COMPLETION OF THE SUSPENSION AND ADMINSTRATIVE LEAVE TEMPLATE**

* To enter **text**, you must click in the boxes that say *“Click here to enter text.”* To **edit** text, you must click your mouse directly in the text you wish to edit.



* For each section, please include the details described below:
  + **Purpose for Action:** Write a summary of the incident/unacceptable behavior/performance. Include dates, timelines, and witness statements where applicable.
  + **Specific UAMS and/or Departmental Policies and/or Guideline(s) Violated:** Name the policy or guidelines violated including the specific section(s) of the policy.
* If you have additional questions on how to complete the form, please call Employee Relations at 526-6462 for assistance.

**NOTICE OF SUSPENSION/ ADMINISTRATIVE LEAVE**

**Faculty**

**\*\*Prior to placing a faculty member on suspension without pay or administrative leave, a supervisor MUST consult with *and* receive approval from OHR Employee Relations\*\***

**Employee’s name** Click here to enter text. **Date** Click here to enter text.

**SAP Number** Click here to enter text. **Employee’s Position** Click here to enter text.

**Department** Click here to enter text.

**SECTION I.**

**In accordance with UAMS Administrative Guide 4.4.02, this is a Notice of:**

**Suspension without Pay**

You will be suspended from UAMS for Click here to enter text. days beginning on Click here to enter text. and ending on Click here to enter text. . You are not to report to work or do any UAMS work on these days. You may return to work on Click here to enter text. .

You may consult *UAMS Administrative Guide 12.5.01 Faculty Grievance Procedure* for your appeal rights.

**Administrative Leave**

You will be placed on Administrative Leave beginning on Click here to enter text. . Your supervisor will contact you regarding any further actions during the investigation (disciplinary or other).

You may consult *UAMS Administrative Guide 12.5.01 Faculty Grievance Procedure* for your appeal rights if the outcome of the investigation adversely affect your employment.

**SECTION II.**

**Purpose for the Action:**

Click here to enter text.

**Specific UAMS and/or Departmental Policies and/or Guideline(s) Violated:**

Click here to enter text.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor’s Signature SAP# Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department Chairperson’s Signature SAP# Date**

**EMPLOYEE COMMENTS:** (optional)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee’s Signature Date**

|  |  |  |
| --- | --- | --- |
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**SEND NOTICE TO OHR, EMPLOYEE RELATIONS ~ SLOT 564 AND PAYROLL ~ SLOT 717**

**Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Leave Dates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**