



505 E. 2600 N. North Ogden, UT 84414
[O] 801-782-7211 | [F] 801-737-2219
E-Mail jjones@nogden.org
www.northogdencity.com

Exhibit J

EMPLOYEE SUSPENSION NOTIFICATION

Name of Employee: _____

1. Date of Notice: _____
2. Date of Violation: _____
3. Location of Violation: _____
4. Nature of Violation:

5. Previous related violation(s) / date(s):

6. Disciplinary action to be imposed:

7. Employee suspension dates: _____ to _____

8. Suspension is: With Pay Without Pay

Department Head Signature

City Administrator/Manager Signature

Date

I have been informed and understand that I may appeal this disciplinary action, within ten (10) days, by filing a grievance as described in Policy 3.1 of the North Ogden City Personnel Policy Manual. I have also been informed and understand that during the appeal process I may be represented by legal counsel.

I have reviewed and received a copy of this form.

Employee Signature

Date