

**GEORGETOWN UNIVERSITY
EMPLOYEE NOTICE**

DATE ____ / ____ / ____

EMPLOYEE NAME _____

GU ID: _____

DEPT. NAME/# _____

C.C./Title _____

NATURE OF NOTICE: Warning Disciplinary Suspension Suspension for Investigation

(Please attach additional sheets for explanation as needed.)

Supervisor Signature Date ____ / ____ / ____

Department Head Signature Date ____ / ____ / ____

EMPLOYEE SECTION

I have read the above notice and understand that a copy will become part of my personnel record. I further understand that I must contact University Human Resources or my union delegate to initiate a grievance appeal. I understand the grievance must be initiated within the time limits outlined in the applicable policy or the union contract.

Employee Signature

Date ____ / ____ / ____

Employee Comments: _____

Received by Human Resources ____ / ____ / ____
Date

Signature

A copy of this form must be forwarded to the Human Resources Department for employee's file.