

**Multnomah Education  
Service District**

Code: **GCPD-AR(2)**  
Revised/Reviewed: 4/22/13

**Suspension Notification Form**

Date: \_\_\_\_\_

Employee: \_\_\_\_\_

Position/Assignment: \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for Suspension: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

- cc: Superintendent  
Cabinet director  
Supervisor  
Personnel file