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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