

**NOTICE OF ADMINISTRATIVE LEAVE OR SUSPENSION WITHOUT PAY**

FORM 7D

Employee Name: \_\_\_\_\_ Emp. ID: \_\_\_\_\_

Date of Leave: From: \_\_\_\_\_ To: \_\_\_\_\_

**The above named employee is placed on leave for the dates indicated. The leave is designated as:**

**Suspension without Pay for the following reason:**

*You may not substitute accrued paid leave for a suspension without pay. If your suspension lasts for one or more full pay periods, you will not accrue any benefits such as vacation or sick leave accruals, or longevity pay, and you may be required to remit payment for your medical benefits. Contact the Risk Management Department for further information regarding benefits. A fitness for duty certificate may be required prior to being restored to employment, depending on the circumstances of the suspension.*

**Administrative Leave with Pay for the following reason:**

*You will be paid at your regular rate of pay while on Administrative Paid Leave. If your leave lasts for one or more full pay periods, you will not accrue vacation or sick leave or receive longevity payments or supplemental pay such as certification pay. If you are restored to duty, the foregone accruals and payments will be reimbursed to you. If you do not return to duty and your employment is terminated for any reason, you will forego all withheld accruals and payments. Further, your accrued vacation and or comp time will be applied retroactively to the time you were on Administrative Paid Leave.*

Additional information can be found in the *Employee Information Manual Policy 707, Administrative Leave and Suspension without Pay*. Your signature below indicates that you have received this notification.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_