

**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.