

Carolina Family Health Centers, Inc.

Investigatory Suspension

EMPLOYEE NAME: _____ POSITION: _____

SUPERVISOR: _____ DATE: _____

The purpose of the investigatory suspension is to remove the employee from work while the management staff and the Human Resources Department investigate a serious situation or a policy violation.

Description of incident requiring Investigatory Suspension:

Employee is hereby suspended effective _____ at _____ a.m/p.m., with a tentative return to work
date of: _____.
Date Time
Date

APPROVED BY:

Department Director

Date

Chief of Staff

Date

CONFERENCE CONDUCTED BY:

Supervisor

Date

Director of Human Resources

Date

EMPLOYEE COMMENTS:

I understand that my actions are under investigation for the period of time indicated above. I understand that failure to return to work, as directed, will be considered grounds for termination.

Employee

Date

My signature acknowledges this conference occurred. Refusal to sign is grounds for additional disciplinary action or immediate termination of employment.

REVIEWED BY:

Chief Executive Officer

Date