

Request for Continuance of Suspension with Pay

Facility/District/Unit _____

Name/Title of employee under investigation: _____
Name /Title

Name/Title of employee conducting the investigation: _____
Name /Title

Dates of original suspension with pay: From: _____ To: _____

Date of anticipated completion of investigation: _____

Date of anticipated completion of termination proceedings (if applicable): _____

The above referenced investigation will not be completed within the 20 day time limit established by Merit Rule for suspensions with pay. Due to the anticipated date of completion of the investigation and (if applicable) termination proceedings, a continuance of suspension with pay is requested until:

Date to which Suspension is Continued:

Facility/District/Unit Head Date

Division Manager Date

Director's Certification and Approval for Continuance

Director Date
(No other signature is permitted by Merit Rule)