

STATE UNIVERSITIES CIVIL SERVICE SYSTEM



SUSPENSION NOTICE PENDING DISCHARGE

TO: _____
Employee's Name

Employee's address -- Street and Number

City State Zip Code

Employee's Home/Cell Phone Number

Employee's home email address (if known)

TO: State Universities Civil Service system
1717 Philo Road, Suite 24
Urbana, IL 61802
Phone: 217/278-3150
Fax: 217/278-3159
Website: www.sucss.illinois.gov

Class: _____ CS Position Number _____

Place of Employment: _____

You are hereby notified that you are suspended without pay, pending discharge, effective _____, 20_____, from your position as indicated above. The reason for your suspension pending discharge is for the causes set forth in the attached WRITTEN CHARGES FOR DISCHARGE, dated _____, 20_____, which are by this reference incorporated herein and made a part hereof.

Dated this _____ day of _____, 20_____.

Employer

By: _____ Title _____
DER's Signature

PROOF OF SERVICE ON EMPLOYEE

The undersigned hereby certifies that at _____ o'clock _____ M. on the _____ day of _____, 20_____, the employee named in this SUSPENSION NOTICE PENDING DISCHARGE was served by

[] personal service by _____ Name, Title

[] certified mail by depositing the same in the United States mail at _____, Illinois or by overnight delivery that requires signature upon receipt in an envelope with postage fully prepaid and addressed to said employee as stated in said SUSPENSION NOTICE PENDING DISCHARGE, which is hereby certified to be the last known address of said employee.

Dated the _____ day of _____, 20_____.

Name (typed or printed), Title

Signature