

SUSPENSION PENDING DISCHARGE FORM

COUNTY OF PULASKI, INDIANA
AN EQUAL OPPORTUNITY EMPLOYER

To: _____
Employee Name

RE: Department: _____

The elected official/department head of the above mentioned department hereby gives notice that the above named employee is suspended indefinitely from their position in the department for the following reasons:

- Notice of Disciplinary Action Form - P indicating discharge as action taken

The Employee is hereby notified that their indefinite suspension is effective immediately upon the verbal notice to them. They have the right to collect, under the supervision of their department head, their personal property. They are prohibited from earning any wages or salary from the County, performing any work for the County, utilizing any vehicles or personal property of the County, or accessing any areas of County property that are not open to the public. An Employee Status Information (Form T) will be sent to you.

Dated: _____

Printed Name
Elected Official/ Department Head

Cc: Pulaski County Auditor
Cc: Pulaski County Attorney

