

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

[] an overnight delivery service that requires signature upon receipt in an envelope 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 as shown on the employer's records. Overnight Delivery No. _____ by _____ and by First Class Mail.

(FedEx, UPS, USPS, etc.)

Name (typed or printed), Title

Signature