**SAMPLE LETTER OF SUSPENSION WITH PAY**

(Pending Completion of Investigation)

(Date)

(Employee’s name/address) Dear :

Effective , you are being suspended with pay pending the completion of an investigation concerning an allegation of . During this time period, you must continue to comply with the State of Iowa Substance Abuse, Violence-Free Workplace, and Anti- Discrimination Policies, and all State of Iowa and department work rules.

During this suspension with pay, your hours of work will be temporarily changed to 8:00 a.m. to 4:30 p.m., Monday through Friday. Saturday and Sunday will be your scheduled days off work.

It is important that you understand the restrictions placed upon your whereabouts during the time you are on this suspension with pay. During your assigned scheduled hours of work, you shall be available to your supervisor and/or the investigators by telephone and you must be able to report to work within one hour of notification. Failure to be available will result in disciplinary action, up to and including discharge.

During this time period, your residence essentially becomes your assigned work area. If you want to be absent from your residence for any reason other than a lunch period, you must contact your supervisor in advance and obtain the appropriate authorization.

If a scheduled state holiday occurs during this time period, your timecard will reflect the holiday off and the use of the holiday time for eight hours on that date.

If you have previously been approved for vacation during any portion of this time, you will be allowed to take the time as vacation and your timecard will reflect the use of vacation. If you wish to request vacation during this time period, you need to contact your supervisor in advance and obtain the appropriate authorization. If approved, your timecard will reflect the use of accrued vacation time.

If you need to go to a medical appointment or a pharmacy, or you need to schedule medical treatment, you must contact your supervisor in advance (where practicable) for authorization. If approved, your timecard will reflect the use of sick leave or other appropriate form of paid or unpaid leave.

In accordance with *(specify which: SPOC or the Department of Administrative Services – Human Resources Enterprise rules)*, this suspension with pay will be in effect until you are notified by your supervisor to return to work. You will be notified of any extensions of this leave, and you will be notified at the completion of the investigation.

If you have questions concerning this action or need further information about your status in regard to this action, please contact me.

Supervisor’s Signature

I have read this letter and I have received a copy.

Date of Receipt Employee’s Signature

cc: Personnel Officer

 Human Resources Associate

Employee file