

## Suspension with Pay Review and Request for Continuance

Facility/Unit \_\_\_\_\_

Name/Title of employee under investigation: \_\_\_\_\_  
Name Title

Name/Title of employee conducting the investigation: \_\_\_\_\_  
Name Title

Projected date for completion of investigation: \_\_\_\_\_

Projected date for completion of termination proceedings (if applicable):  
\_\_\_\_\_

Date of initial suspension with pay: From: \_\_\_\_\_  
To: \_\_\_\_\_

Legal Review completed: \_\_\_\_\_

\_\_\_\_\_  
*(Legal Reviewer Signature and Date)*

### Approval Request for 1<sup>st</sup> 20-day extension

Date of 1<sup>st</sup> Extension: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

*(Chief of Staff Signature and Date)*

### Director's Approval for Continuance Beyond 40 days

Date of 2<sup>nd</sup> Extension: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_  
*(Director Signature and Date)*

*A signed copy of this approval shall be forwarded to the Facility/Unit Head (Requestor) and a duplicate copy shall be maintained by the office of the General Counsel.*