



REQUEST FOR INTERNAL SUSPENSION

This form is to be completed PRIOR to the request for internal suspension.

Section 1

Date of Request: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Numbers: _____

Email Address: _____

Section 2

Type of suspension requested:

Injury

Illness/Surgery

Family Matters

Military Obligation

Other: _____

If the requested is due to an accident/injury, was the accident/injury at work or work-related?

Length of suspension requested: 3 months 6 months 9 months Other: _____

Date of suspension to start: _____ Date of suspension to end: _____

Are you currently under disciplinary probation set forth by the ACT Committee? Yes No

Section 3

ABC Administrative Approval:

I have reviewed this internal suspension request and Approve Deny* the request.

Printed Name: _____

Signature: _____ Date: _____

*Reason for denial: _____