

SUSPENSION NOTIFICATION
CHICAGO POLICE DEPARTMENT

DATE

LOG NO.

NAME OF MEMBER

STAR NO.

EMPLOYEE NO.

UNIT/ASSIGN.

THIS ACTION RECOMMENDED BY:

CAUSE OF DISCIPLINARY ACTION

THEREFORE, THE SUPERINTENDENT OF POLICE, PURSUANT TO THE ADMINISTRATIVE AUTHORITY VESTED IN HIM, HEREBY SUSPENDS THE ABOVE NAMED MEMBER FOR _____ DAYS.

- OPTIONS TO BE GRANTED
- THE SUSPENSION WITHOUT PAY WILL COMMENCE AT 0001 HOURS ON _____ AND CEASE AT 2400 HOURS ON _____

BY ORDER OF THE SUPERINTENDENT OF POLICE, MEMBERS ARE PROHIBITED FROM EXERCISING THEIR POLICE POWERS TO CARRY A WEAPON DURING THE PERIOD OF SUSPENSION.

SUPERINTENDENT OF POLICE

NOTIFICATION SERVED ON MEMBER BY (SIGNATURE)

DATE AND TIME SERVED

FINANCE DIVISION USE ONLY

MEMBER ELECTS TO

- FORFEIT ACCUMULATED COMP. TIME (_____ DAYS)
- FORFEIT FURLOUGH/VACATION TIME (_____ DAYS)
- FORFEIT PERSONAL DAYS (_____ DAYS)
- WORK REGULAR DAYS OFF WITHOUT EXTRA COMPENSATION (_____ DAYS)
- BE SUSPENDED FOR (_____ DAYS)

PERSONNEL ORDER NUMBER