

**ELECTION/REJECTION OF  
OPTIONS TO SUSPENSION**

**FINANCE DIVISION  
CHICAGO POLICE DEPARTMENT**

MEMBER NOTIFIED By (SIGNATURE) \_\_\_\_\_

STAR NO. \_\_\_\_\_

DATE \_\_\_\_\_

TIME \_\_\_\_\_

NAME \_\_\_\_\_

STAR NO. \_\_\_\_\_

FORM RETURNED BY MEMBER \_\_\_\_\_

DATE \_\_\_\_\_

TIME \_\_\_\_\_

EMPLOYEE NO. \_\_\_\_\_

UNIT/ASSIGNMENT \_\_\_\_\_

COMPLAINT REGISTER NO. \_\_\_\_\_

OPTION ELECTED

OPTION REJECTED

By order of the Superintendent of Police, you will be ordered suspended from duty for a period of \_\_\_\_\_ days as a result of the investigation recorded under the above Complaint Register number. The Superintendent of Police has granted, the following options which you may exercise as alternatives to the suspension without pay for \_\_\_\_\_ days of the suspension.

- A. Forfeiture of accumulated compensatory time, in eight-hour segments.
- B. Forfeiture of days of accumulated vacation/furlough time, not to exceed one-half of your authorized vacation/furlough.
- C. Work regular scheduled days off without extra compensation (**applies only to members exempt from F. L. S. A.**)
- D. Forfeiting any combination of a member's vacation/furlough days (not to include more than one half of authorized vacation/furlough days) and compensatory time, personal days and baby furlough days.

**ELECTION OF OPTIONS TO SUSPENSION**

Forfeit accumulated compensatory time, \_\_\_\_\_ days.

Forfeit days of accumulated vacation/furlough time, \_\_\_\_\_ days.

Forfeit \_\_\_\_\_ personal days.

Forfeit \_\_\_\_\_ baby furlough days

Work regular scheduled days off without extra compensation (**applies only to members exempt from F. L. S. A.**), \_\_\_\_\_ days.

The actual dates to be worked are: \_\_\_\_\_

To be suspended \_\_\_\_\_ days,

Signature \_\_\_\_\_

**REJECTION OF OPTIONS TO SUSPENSION**

I reject the options to suspension granted by the Superintendent of Police and elect to be placed on suspension.

Signature \_\_\_\_\_

**CERTIFICATION BY UNIT TIMEKEEPER** (Must be completed when member elects options to suspension)

- 1. Above named member has, \_\_\_\_\_ hours of accumulated compensatory time.
- 2. Above named member is scheduled to annual vacation/furlough of \_\_\_\_\_ days on (date) \_\_\_\_\_.
- 3. Above named member has \_\_\_\_\_ unused days of furlough/vacation.
- 4. Above named member has \_\_\_\_\_ unused personal days.
- 5. Above named member has \_\_\_\_\_ unused baby furlough days.

Unit timekeeper's signature \_\_\_\_\_

If a member exempt from F. L. S. A. elects to work regular days off without extra compensation and has worked regular days off, the unit timekeeper will complete this section of the form on the copy retained by the unit and will forward the copy to the Finance Division.

Dates worked without compensation: \_\_\_\_\_

Number of days: \_\_\_\_\_ Date member restored to duty: \_\_\_\_\_

Unit timekeeper's signature \_\_\_\_\_

**PREPARED IN TRIPLICATE:**

- Original to member.
- Copy to member's unit of assignment.
- Copy retained by Finance Division.

**NOTE:**

A member has 72 HOURS after notification to complete and return original copy to his unit of assignment for forwarding to Finance Division.