

Notice of Emergency Suspension

Name of suspended person UCD address

Home address (local) Home phone number

University affiliation (if any)

Statement of facts justifying emergency suspension: _____

Nature of suspension: _____

Area of suspension: _____

Duration of suspension: _____

Date of suspension: _____

Time _____ a.m. _____ p.m.

Signature of person imposing suspension

Suspension is:

Affirmed

Revoked

Date _____

Time _____ a.m. _____ p.m.

Chancellor or designee

Note: This suspension may be appealed by contacting the responsible administrator: students, Vice Chancellor--Student Affairs; staff employees, Vice Chancellor—Finance and Resource Management; academic employees and other persons, Provost & Executive Vice Chancellor. Reference: Policy & Procedure Manual Section 390-25.