

DISCIPLINE REMOVAL NOTICE

Name: Position:

To: Immediate Supervisor

I hereby request that my:

Letter of Warning ☐

5-Day Suspension ☐

10-Day Suspension ☐

14-Day Suspension ☐

Last Chance Agreement ☐

Be REMOVED from my personnel folder due to the time limits expiration date of

that was agreed upon through the grievance process.

Your cooperation in this matter would be greatly appreciated.

I will be checking my personnel folder in the very near future to make sure that this has been done.

Carrier Signature

Date

Supervisor Signature

Date