



County of San Bernardino
**CHECKLIST FOR
SUSPENSION/RECALL
(Disciplinary Action)**

Must print in Black or Blue ink ONLY

Employee ID	Rcd No.	Last Name, First Name
Department		

REQUIRED

[Job Action Request \(JAR\) to Suspend](#)

and

[Job Action Request \(JAR\) to Recall from Suspension](#)

Copy of signed Order of Suspension from Human Resources Officer (HRO) (*first and signature page*)

Incomplete Packets Will Be Returned

Distribution: EMACS-HR (0030)