



## Payroll Reinstatement Memorandum

**DATE:** \_\_\_\_\_  
**TO:** The Payroll Department  
**FROM:** Department Director: \_\_\_\_\_  
**RE:** Employee Name: \_\_\_\_\_

The person listed above was suspended on \_\_\_\_\_ and returned to work on \_\_\_\_\_.

**Supervisor:** On the chart below list the time period which the person was not permitted to work due to a suspension related to an allegation which was **NOT** substantiated. List the date(s) and hour(s) to be compensated according to his/her regular work schedule: include date(s), shift start and end times, and the worksite/location.

DAY	DATE	REGULAR WORK SCHEDULE	LOCATION
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

COMMENT: This person is being reinstated and compensated for time in which he/she was suspended due to an allegation which was **NOT** substantiated.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**CC: Human Resources - Personnel File**