

## NOTICE OF DISMISSAL FROM EMPLOYMENT

\_\_\_\_\_  
 Employee Name Employee Title Employee ID

\_\_\_\_\_  
 Supervisor Name Supervisor Title

1. Effective date of dismissal: \_\_\_\_\_

2. The reason(s) for the dismissal:

3. Previous reprimands and/or disciplinary measures (if any):

4. Date of the final incident that prompted this action: \_\_\_\_\_

5. What was the final incident that prompted this action:

**NOTICE TO THE EMPLOYEE:** If you disagree with the cause or content of this notice of dismissal from employment, you may complete a Staff Grievance Intake and Resolution Form and submit it to Employment Services and Operations, 910-S, within ten (10) working days of this notice in accordance with PS 02.B.01, Staff Grievance Policy. You are required to meet the minimum requirements of all clearance procedures, including return of university keys, identification cards, uniforms, parking gate cards, library books, etc.

**Approvals:**

\_\_\_\_\_  
 Supervisor Signature Print Supervisor Name Date

\_\_\_\_\_  
 Department Head Signature Print Department Head Name Date

\_\_\_\_\_  
 Respective Vice President's Signature Print Respective Vice President's Name Date

\_\_\_\_\_  
 V.P. Employment Services & Operations Signature Date

\_\_\_\_\_  
 Print ESO Representative Name

**EMPLOYEE ACKNOWLEDGEMENT:** By signing this document, you acknowledge receipt of this notice of dismissal from employment; however, your signature does not necessarily indicate that you agree with its content.

\_\_\_\_\_  
 Employee Signature Print Employee Name Date