

## 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 measur	es (if any):	
4. Date of the final incident that prompted this act	ion:	
5. What was the final incident that prompted this	action:	
Staff Grievance Intake and Resolution Form and sul notice in accordance with PS 02.B.01, Staff Grievan	e cause or content of this notice of dismissal from employmen omit it to the Office of Human Resources, 910-S, within ten (10 ce Policy. You are required to meet the minimum requiremen ntification cards, uniforms, parking gate cards, library books, e	0) working days of this ts of all clearance
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
Employee Relations Officer or Designee Signature		Date
Print HR Representative Name		
<b>EMPLOYEE ACKNOWLEDGEMENT:</b> By signing this dhowever, your signature does not necessarily indicates.	ocument, you acknowledge receipt of this notice of dismissal ate that you agree with its content.	from employment;
Employee Signature	Print Employee Name	 Date