|  |  |
| --- | --- |
| [ ]  Probation/trial period extension[ ]  Probationary separation | [ ]  Administrative leave pending investigation[ ]  Discipline |

|  |
| --- |
| **Unit Contact Information** |
| Unit HR Rep Name: |  | Preferred contact method and information: |  |
| Supervisor Name: |  | Preferred contact method and information: |  |

|  |
| --- |
| **Employee Information** |
| Name: |  | PERNR: |  |
| MAU and/or Department: |  | Classification/Title: |  |
| University Hire Date: |  | Date of hire into current position: |  |
| For CTU, SSTU, 1585, and 324 probationary separation requests please calculate and provide number of hours *actually worked* in the position. Exclude paid time off, include extra hours worked (straight time and overtime): |  |
| Union: | [ ]  APSA | [ ]  APA | [ ]  CTU | [ ]  IATSE | [ ]  POAM | [ ]  SSTU | [ ]  1585 | [ ]  324 | [ ]  Non-Union |

|  |
| --- |
| **Please describe specific concerns, including actions, events, and dates:**  |
|  |

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| --- |
| **Applicable work rules/policies/contract provisions:** |
|  |

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|  |
| **Performance or Probation Issues** |
| *For performance or probation issues, please provide a detailed description, including dates, of tools/resources/training/conversations/written guidance that have been provided to the employee to help them be successful:* |
|  |

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| --- |
| **Recommended action:** |
|  |
| **For terminations only:** Is a restriction recommended? [ ]  Yes [ ]  No |

|  |
| --- |
| **Please indicate other similarly situated employees and the respective action taken:** |
| Employee Name | Summary of behavior | Administrative Action Taken  | Date of Action |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

[ ]  Employee’s position description is attached

[ ]  Previous written guidance/direction/feedback/discipline provided to employee is attached

[ ]  Interim evaluation attached [for CT, APA, & APSA probationary termination or extension requests]

[ ]  Most recent evaluation attached [for disciplinary matters]

Have any of the following resources been discussed with the employee?

|  |  |
| --- | --- |
| Employee Assistance Program | Date: |
| RCPD/ADA | Date: |
| Office of Work/Life | Date: |
| Employee and Labor Relations Care and Intervention Liaison | Date: |
| Leaves team for leaves of absence | Date: |