

Affected Employees:

Name: _____ EmplID: _____ Hire Date: _____

Check all that apply:

Probationary Status: <input type="checkbox"/>	Temporary: <input type="checkbox"/>	Time Limited: <input type="checkbox"/>
Trial Status: <input type="checkbox"/>	Intermittent: <input type="checkbox"/>	Undergrad Student: <input type="checkbox"/>
Grant: <input type="checkbox"/>	Grad Student: <input type="checkbox"/>	

Classification: Classified: Unclassified: Faculty:

Is this a disciplinary reason? Y N

Justification for Action: (Please attach additional justification sheet as needed)

HR Approval: _____ **Date:** _____

Name: _____ EmplID: _____ Hire Date: _____

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