



# Termination Form

Employee Name: \_\_\_\_\_ A#: \_\_\_\_\_

Date: \_\_\_\_\_

Description of Infraction: (including policy as appropriate)

Probation?:                      Yes                      No                      Date: \_\_\_\_\_

A copy of the Probation must be attached to this form. If there was no probation, explain below:

The above infraction has been discussed with me. I understand it is against Dining Services policy and that my actions warrant dismissal. I understand that this termination disqualifies possible employment in other Dining Service Operations.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This termination was discussed with the employee. Due process was adhered to in attempt to correct this behavior before dismissal.

Management Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Management Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee is entitled to a copy of this documentation. A copy will also be sent to the Dining Services Payroll Personnel.