
Supervisor Signature Date: _____

Supervisor Signature Date: _____

Employee Signature *(Indicates receipt of copy only, does not indicate agreement. If the employee refuses to sign, the supervisor should indicate this on signature line).* Date: _____

Distribution: Provide original copy to the employee and a copy to your files. Also send a copy to University Human Resource Services.

Note: If this is a union covered position, that union must receive a copy of this report.

UHRS will forward a copy of this report to CWA, Local 4730, for all appointed SS employees and to AFSCME, Local 832, for all appointed SM employees.

Policies:

- [Service Maintenance employees](#)
- [Support Staff employees](#)
- [Professional employees](#)