

NOTICE OF END OF EMPLOYMENT

Date: _____

To: Employee's (Name): _____ Title: _____

Your employment will end effective (date) _____ (time) _____

Reason

Your employment is ending for violation(s) of a college rule(s) or regulation(s):

The violation occurred on or about (date) _____ at approximately
(time) _____ at the following location _____

Facts Related to Violation (Be Specific Regarding Circumstances Involved)

Employees serving in a probationary status do not have the right to file a grievance; however, employees not in a probationary status may file a grievance with their shop steward within 10 working days from the date of the alleged incident or knowledge of incident.

Once you've completed and saved this form, please email your document to: hr@smcm.edu

Employee Received Original:

_____ In Person
_____ By Certified Mail

Supervisor's Signature

Date:

Title

Employee's Signature

Date:

My signature acknowledges receipt of this action; it does not necessarily imply that I agree with the action.