

# WEBER STATE UNIVERSITY

## Probationary Release Form

Name of Employee \_\_\_\_\_ Department \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Date of Hire \_\_\_\_\_

Today's Date \_\_\_\_\_ Date of Release \_\_\_\_\_

(Two weeks' notice or pay in lieu of notice required)

Summary of the activity of problem for which the employee is being released (include the date or time frame during which the problem occurred):

Signature of Supervisor \_\_\_\_\_

Signature of Assistant Vice President for Human Resources \_\_\_\_\_

Distribution: 1 copy to supervisor, 1 copy to employee, 1 copy to Human Resources

**NOTICE TO EMPLOYEE:** This action is taken in accordance with WSU Policy 3-8 on Probationary Period. You have the right to appeal any action you feel is not justified to the extent allowed by Policy 3-31b for employees in a probationary status. Your appeal must be received according to the provisions of WSU Policy 3-31b within 7 days of this action.