



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

NOTICE TO EMPLOYEE: This action is taken in accordance with WSU Policy 3-8, 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.

Signature of Supervisor _____

Signature of Assistant VP for Human Resources _____

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