

Employee Performance Report

Commendation
 Verbal Warning
 Written Warning
 Termination

Employee Name:	Job Title:
Department:	Supervisor:
Date/Time of Occurrence:	Primary Work Location:

Reason for Report:
 Job Performance
 Policy Violation
 Unacceptable Behavior

Facts of Incident (Attach additional page if necessary)

Improvement or Action Required by the Employee- **Poor Job Performance or Violations of University Policies May Result in Further Disciplinary Action, Leading to and Including Termination of Employment.**

Past Disciplinary Action Including Verbal Warnings, Counseling or Coaching in Last 12 Months

Date	Type	Issue	Written Report Prepared:	
			Yes	No
			Yes	No
			Yes	No
			Yes	No

Supervisor Signature _____ Date _____

Employee acknowledgement: My signature acknowledges that I have received this report and that it has been discussed with me. I understand I can submit an Employee Statement to be attached to this report. My signature is not an admission of the incident or offense. I understand that I may appeal this report through instructions in the Staff Handbook.

Employee Signature _____ Date _____

Witness Signature (if any) _____ Date _____

*If Termination, this section must be completed **before** taking termination action. Once complete, department forwards original with discipline documentation to HR and notifies IT Services. HR forwards a copy to the Payroll Manager.*

Effective Date of Termination (last day at work): _____

Vice-President Signature _____ Date _____

HR Director Signature _____ Date _____