

Morgan State University

Contractual Employee Termination Request from Immediate Supervisor

Note: To be completed by Employee's Immediate Supervisor

PART I:

To:	Date:
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Dean/Director

Reason(s) for Termination Request:

Lack of Funding (skip to Part III) Cause(s) (please indicate)

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Based on careful evaluation of the work performance of:

Name and Address:	ID #:
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and as reflected in my responses to the queries indicated below, I am requesting that the employee's contractual employment with the University be terminated.

PART II:

- Have you discussed the seriousness of this infraction with the employee?
 Yes No
- Are you satisfied that the employee understands the reason(s) for your requested termination action?
 Yes No
- Has this employee previously been involved in similar or other infractions?
 Yes No
- Has the employee previously been cautioned about the consequences of such behavior?
 Yes No
- Have you ever discussed this employee's behavior with your director?
 Yes No
- Are you satisfied that your director fully understands the basis for your termination recommendation of this employee? Yes No
- Have you given the employee an opportunity to improve his/her performance?
 Yes No
- Are you satisfied that the infraction(s) are of such a nature that warrants your recommendation for termination? Yes No
- Under what condition will you be willing to rescind this termination recommendation?

PART III:

Recommended Effective Date of Termination:	
Recommended By:	Title:
Signature:	Date:

Request to Vice President for Termination of Contractual Employee

Note: To be completed by Departmental Director/Dean

To: _____
Vice President

I am requesting termination of employment by Morgan State University of:

_____, ID # _____

effective _____ for the following reason(s).

Reduction/Loss of funding

Specific Cause(s):

I have personally reviewed the basis of this request with the Supervisor, and I am satisfied that there is ample substantiating justification(s) to support this termination request.

Requester: _____

Department: _____

Signature: _____ Date: _____

Vice President's Decision: Endorsed Rejected

Reason(s), if rejected: _____

Signature of VP: _____ Date: _____

Note: Please ensure that a copy of the completed document is returned to the requested, i.e. Department Director/Dean.

Cc: Human Resources
Appropriate Supervisor
File