

Termination Notice

Name:	
Title:	Shift:
Department:	Date of Termination Notice:
	Date of Prior Suspension Notice:
	Date of Prior Written Warning:
	Date of Prior Oral Warning:
	Date of Coaching and Counseling Memo:

This termination notice constitutes formal notice to you of continued undocumented absenteeism in excess of amounts allowed by Union College policy.

Reason for the warning: Excessive Absenteeism
 Examples and dates of behavior/activity: See Below _____

You are receiving this memo because as of *date* you have exceeded the amount of acceptable sick time (*# of annual hours* hours) available to you (absences covered by an appropriate doctor's note are not counted toward this excessive determination). Our records indicate that you have taken a total of *total # of hours taken to date* hours with *# of hours not covered by doctor's note* hours not covered by an appropriate doctor's note.

Copy, Paste, and Update the "You have missed the following days" section from the Written Warning

This memo is also intended to inform you that out of a total annual allotment of *total # of annual paid hours* paid sick hours you have already used *total # paid sick hours used* hours of paid sick time. This only leaves you with *# of paid sick hours remaining* paid sick hours for the remainder of the calendar year.

As a result of your continued undocumented absenteeism in excess of Union College policy, your employment with Union College has been terminated effective _____.

Employee's reaction was: _____

Employee Signature: _____ *Date:* _____

I understand that my signature indicates that this document has been discussed with me and I have received a copy of it; it does not necessarily indicate agreement with the facts or actions stated. If I disagree, it is my option and responsibility to comment as appropriate.

Supervisor Signature: _____ *Date:* _____

Department Head Signature: _____ *Date:* _____

Copies should be given to: Employee, Human Resources and Department (Timesheet Adjustment)