Employee Performance Report

	Commendation	Verbal Warni	ng	Written Warning	Termination
Employee N	lame:		Job Title:		
Departmen	t:		Superviso	or:	
Date/Time	of Occurrence:		Primary \	Work Location:	
Reason for R	eport:	Job Performance	Policy	y Violation	Unacceptable Behavior
Facts of Incid	lent (Attach additi	onal 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	Туре	0,	lssue	5	Written Report Prepared:	
					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

