

(Department Letterhead)

DATE: (insert date)

TO: (Employee Name, Title)

FROM: (Supervisor Name, Title)

SUBJECT: (Letter of Warning, Suspension Letter etc.)

I. Statement of concern.

On (date), (describe behavior and/or performance concerns in general terms, i.e. you were involved in a conflict with a coworker that resulted in a breakdown in team work and violations of UM policy.)

In response to this incident, an investigation process was completed that included a review of (as examples: UM and or dept. policies, your prior performance documents, interviews with coworkers and yourself, review of your Role Description, etc). Based on this investigation, I have established the following facts:

- List each fact separately to create a total and completed story of what occurred.

The above behaviors exhibited in this situation represent a violation of the following policies, if any (List each one separately) and resulted in (describe the outcome or impact of the behavior or performance deficiencies – poor productivity, unhappy customer, breakdown in team work etc.).

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In addition to the above incident, during your employment you have had the following informal and formal performance feedback:

- (Date), (Type of Action –Informal Coaching, Letters of Warning, etc.) for (describe general problem).

II. Expectations

(List in bulleted format the standards of behaviors expected – choose those behaviors that reflect on written policies, professional standards, dept. expectations etc.)

III. Actions and Follow-up

The following are specific actions that will be taken to address the above performance concerns: **(Note those actions here, such as written action plans, etc. some examples have been provided below).**

Put appropriate grievance language here if applicable.

1. If you are administering a suspension without pay include the following language: You will serve a disciplinary suspension without pay on (note dates of suspension here)
2. You will immediately meet and sustain the performance and behavioral expectations of a (title of position) in (dept. title).
3. **(Optional)** You must create a Written Action Plan that specifically outlines what you will do to insure that the above noted expectations are met. This written plan must be approved by (names of supervisor and manager).
4. Failure to meet the following expectations and/or a recurrence of the same or similar behavior and/or demonstration of further performance concerns may result in further disciplinary action, up to and including termination.

I acknowledge that I have received a copy of this document and had an opportunity to discuss it with my supervisor. I understand that my signature does not signify my agreement with the statements made above.

Employee's signature

Date

Supervisor/Manager's signature

Date

cc: Appropriate Union (if applicable)
HRS – Personnel File