



WEBER STATE UNIVERSITY

Probationary Release Form

Name of Employee _____
Department _____

Name of Supervisor _____
Hire _____

Date of

Today's Date _____
Release _____

Date of

(Two weeks notice or pay in lieu of notice
required if release is not for cause.)

Summary of the activity or problem for which the employee is being released (include the date or
time frame during which the problem occurred):

Signature of Supervisor _____

Signature of Assistant Vice President
for Human Resources _____

Distribution: 1 copy to supervisor, 1 copy to employee, 1 copy to Human Resources

NOTICE TO EMPLOYEE: This action is taken in accordance with WSU Policy 3-8 on Probationary Period. You have the right to appeal any action you feel is not justified to the extent allowed by Policy 3-31b for employees in a probationary status. Your appeal must be received according to the provisions of WSU Policy 3-31b within 7 days of this action.