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| **VIRGINIA COMMONWEALTH UNIVERSITY****NOTICE OF IMPOSED PROBATION** |

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| Employee name: | Employee V-ID number: |
| Working title: | Department: |
| Employment date: | Notice of imposed probation start date: |

**Length of imposed probation (projected end date):**

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| ☐ 30 days | ☐ 60 days | ☐ 90 days |

**Reason(s) for imposed probation:**
(attachments may be added, if necessary. # of attached pages:     )

☐ Written warning
If a warning was issued and is the reason for the imposed probation. Attach written warning.

☐ Unsatisfactory performer
Performance shows deficiencies that interfere with the accomplishment of performance goals.

☐ Other
Attach or indicate all other reasons for imposed probation

Manager’s manager approval:       (initials)
Human Resources approval:       (initials)

**Manager’s expectations during imposed probation:**
(attachments may be added, if necessary. # of attached pages: \_\_\_    )

**Employee had an opportunity to respond on:**       (date).
If employee provided a written response, attach it to this document.

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| Manager’s name (print): | Title: |
| Manager’s signature: | Date: |
| Employee’s signature: | Date: |