



Probationary Release Form

Name of Employee _____ Department _____

Name of Supervisor _____ Date of Hire _____

Today's Date _____ Date of Release _____
(Two weeks notice, or pay in lieu of notice, required.)

Summary of the U H D V R Q for this employee is being released:

NOTICE TO EMPLOYEE: This action is taken in accordance with WSU Policy 3-8, Probationary Period.

Signature of Supervisor _____

Signature of Assistant VP for Human Resources _____

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