



Western
University
OF HEALTH SCIENCES

DISCHARGE FROM EMPLOYMENT

Date:

Employee:

Supervisor:

Job Title:

I. Employee is discharged from employment at Western University of Health Sciences for the following reason(s): *Describe the final incident(s) that led to the termination. Provide specific description(s) and the date(s).*

II. Background: *Provide information regarding prior training, assistance, and support provided to the employee. If there were previous counseling memos, include the dates the memos were given.*

Therefore, due to the employee's inability to carry out the duties and responsibilities of the position and meet the expected standards of work performance, the employee is discharged from employment at Western University of Health Sciences effective

I acknowledge that a copy of the above action has been given to me this day and that a copy of this document will be placed in my personnel file.

Employee's Signature

Date

Manager/Supervisor Signature

Date

Department Director/Chair or Dean of College

Date

Employee Relations Manager

Date

Chief Human Resources Officer

Date