

Date:

To:

From:

The purpose of this letter is to inform you that you are being terminated from your position as \_\_\_\_\_ in the department of \_\_\_\_\_ effective immediately. This termination is in accordance with the (*Insert Union information and Article and Section of Agreement that addresses Probationary Period,* ) which states:

Insert Agreement verbiage here

We have had several discussions or counseling sessions regarding \_\_\_\_\_.

Despite our discussions there has been no improvement. Therefore, you are terminated effective \_\_\_\_\_. All University property must be returned. You will be paid through \_\_\_\_\_ in lieu of notice.

Your current benefits coverage will continue through \_\_\_\_\_. Under COBRA you are entitled to continue your health insurance for eighteen (18) months. COBRA is administered by WageWorks, Inc. If you have not received a COBRA package within fifteen (15) days of your termination effective date, you should contact the Benefits Office at (773) 702-96346.

We wish you well in your future career endeavors.

Sincerely,

cc:

UHRM Employee/Labor Relations  
UHRM - Benefits