Illinois Human Resources
UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

DISMISSAL IN PROBATION REQUEST FORM

Department/Unit: _____

College/MAU: _____

Date of Request: _____

1. **Employee Information**

- **Employee Name:** _____
- **Employee UIN:** _____
- **Position Number/Title:** _____
- **Classification Title:** _____
- **Eligible for overtime:** ☐ Yes ☐ No
- **Hire/Job Start Date:** _____
- **Probation End Date:** _____
- **Initial Probation:**
  ☐ Yes ☐ No
- **Supervisor:** _____

NOTE: Employee **must be** in an initial civil service job or in an Overtime Eligible classification to be eligible for dismissal

2. **Reason for Dismissal in Probation**

Provide a summary of the performance and/or conduct issues prompting this request:

_____

_____

_____

_____

3. Documented Performance or Conduct Evaluations
List the specific incidents, dates, and any prior discussions or corrective actions:

- _____
- _____
- _____

(Expand section if needed.)

4. Attempts to Support Improvement
Describe coaching, feedback, training, or resources provided to the employee during probation:

_____

_____

_____

_____

5. Impact on Unit Operations
Summarize how the employee's performance/conduct affects the unit and why dismissal is recommended:

_____

_____

_____

_____

6. Required Attachments
Please attach the following:

- ☐ Documentation of performance issues (emails, notes, evaluations, etc.)
- ☐ Attendance records (if relevant)
- ☐ Any prior counseling or feedback documentation

7. Supervisor Recommendation

I recommend that the employee listed above be dismissed during probation.

- **Supervisor Name:** _____
- **Signature:** _____ Date: _____

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8. Department/Approval

- **Name:** _____
- **Signature:** _____ Date: _____

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9. College/MAU HR Approval/Recommendation

- **Would dismissal require a placement? If yes, positions identified for possible placement in Unit/College/MAU:**

  _____

  _____

- **Name/Title:** _____
- ☐ Approved ☐ Denied Reason for Denial:_____
- **Signature:** _____ Date: _____

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10. Final IHR Approval

- **Name/Title:** _____
- ☐ Approved ☐ Denied Reason for Denial:_____
- Date Dismissal Letter Provided to Unit: _____
- Separation Date if no placement required: _____
- **IF PLACEMENT IS REQUIRED**
- Date Placement Process Initiated: _____
- Date 4 month Placement Window Closes: _____
- Forced Placement Date:_____(end of 5th month)
- Date Placed:_____

- Placement Unit and Position:_____
- **Signature:** _____ Date: _____