

Facilities Management

LEAVE FORFEITURE

Employee Name: _____ Date of Incident: _____

Supervisor's Name _____ Date of Notice: _____

Department (Shop/Unit): _____ Counseling Date: _____

Day(s) of Annual Leave Forfeited:

1-Day Forfeiture

3-Day Forfeiture

5-Day Forfeiture

10-Day Forfeiture

15-Day Forfeiture

Summary of incident (include statements from witnesses, if applicable): _____

Employee's response/explanation: _____

Instructions given for future conduct/behavior: *(Inform employee that any future incidents could result in discipline up to and including discharge)* _____

Employee's Signature

Date

Supervisor's Signature

Date

Please be advised that you have the right to grieve this action within 30 calendar days of receipt. (See Policy on Grievances for Nonexempt and Exempt Staff Employees, available at <https://www.usmd.edu/regents/bylaws/SectionVII/VII800.pdf>). You may also seek assistance by contacting the FM Human Resources office.

Cc: FM/HR