**Template: Notice of Intent to Take Corrective Action**

Proof of Service Required

[Date]

[Employee Name]

[Title]

[Employee Address]

[Employee Email Address]

**Re: Notice of Intent to [Suspend/Terminate/Dismiss]**

Dear [Name]:

This is to inform you of an action being taken relative to your employment at the University of California, Irvine (UCI).

Due to [e.g., your continued unsatisfactory performance] and in accordance with [CBA Article or PPSM- 62 or 64], this is a Notice of Intent to [Suspend/Terminate/Dismiss] you from your [current job title]position on [start date] [through end date, if applicable**]** [*HR Note: For policy-covered employees: See Procedure 64 for guidance on termination and Procedure 62 for guidance on PSS suspensions. For represented employees, please refer to the applicable CBA.*] Specifically, your [problem behavior/performance]is inconsistent with [cite University policy, UC Irvine procedures, department guidelines, or other reason].

**Provide detailed history and recent examples here – for example:** On [date], I discussed [problem behavior/performance]with you and issued a written warning to you confirming our discussion. Since that date, there have been other incidents similar to those that prompted my memo. [Insert here detailed information regarding the specific incident(s) that occurred since the counseling session, including dates of incidents, dates discussed, reasons given for the behavior, etc. Include the negative impact of the issues. Include any reasons given by the employee for the behavior.]

Per [CBA Article or PPSM-62 or 64], you have the right to respond to this Notice of Intent to [Suspend/Terminate/Dismiss], either orally or in writing, within [X] calendar days from the date of issuance. Please direct your response to [reviewer name, phone, and email]. Your response must be received by [DATE].

After your response is received, or after [DATE] if you choose not to respond, you will be advised of our final decision.

***If expected to still work:*** During this notice period, you are expected to still adhere to your work schedule and perform your assigned job duties.

***If expected to not work:*** During this notice period, you will be compensated but you are to refrain from [coming to work at UCI and/or performing any job duties] except for the purpose of attending a scheduled meeting to respond to this notice.

As a UCI employee you have access to support through the [Life Resources Program](https://liferesources.uci.edu/). The Life Resources Program offers a safe environment in which you can discuss your concerns confidentially. All services are voluntary, confidential, and free of charge. If you are experiencing challenges or circumstances that may be impacting your [work performance/behavior], you are strongly encouraged to contact the Life Resources Program at (844) 824-3273.

Sincerely,

[Name of Supervisor]

[Title]

[Department]

Enclosures: Proof of Service

[Include copies of prior discipline, investigation report, or other documentation supporting corrective action, if applicable]

cc: [Next level supervisor/manager Name, Title]

[Skelly Reviewer Name, Title - if applicable]

[Workforce Relations Name, Title]

[HRBP Name, Title]

[Union Name, Title if applicable]

Personnel File