**Template: Notice of Intent to Terminate – MSP 3 and below – Lack of Funding/Project Ending**

* To be hand delivered or sent via US Mail First Class; Proof of Service required.
* THIS NOTICE MUST BE REVIEWED BY HR BUSINESS PARTNER AND WR BEFORE BEING ISSUED.

[DATE]

[Employee Name]

[Title]

[Employee Address]

[Employee Email Address]

**Re: Notice of Intent to Terminate**

Dear [NAME]:

This is to inform you of an action being taken relative to your employment at the University of California, Irvine (UCI). Unfortunately, due to [lack of funding, budget cuts, OR your project ending…expand to include any relevant details upon which the decision is based], your position is being eliminated. The Department is providing notice of intent to terminate you from employment effective [date].

In accordance with Personnel Policies for Staff Members (PPSM) 64: Termination of Career Employees and Procedure 64, you have the right to respond regarding this intended action, either orally or in writing, within [applicable time frame], You should direct any such response to [Skelly Reviewer’s name].If you wish to make an appointment for the express purpose of orally responding to this notice, please contact the Skelly Reviewer at [phone number]or[email address]. You may also respond in writing via email to [email]**.** Your response must be received by [date].

***If continuing to work*:** During this notice period, you will be expected to continue to work**.** After your response or after [date]if you choose not to respond, you will be advised of our final decision.

***If not continuing to work*:** During this notice period, you will be compensated but you are to refrain from coming to work at UCI except for the purpose of attending a scheduled meeting to respond to this notice or to turn in UCI equipment, as directed. Please make prior arrangements with me should you need to come to the office.

[**OPTIONAL:** I want to thank you for your contributions to [Department/School]. I wish you success in the future.]

Sincerely,

[Name of Supervisor]

[Title]

[Department]

Enclosures: PPSM-64: Termination of Career Employees

Proof of Service

cc: [Supervisor and applicable division/unit manager(s) Name, Title]

 [HRBP/CPO Name, Title]

 [Workforce Relations Name, Title]

 Personnel File