

Probationary Removal/Demotion Request

Employee Information

Employee Name:

Date:

Employee ID:

Job Title:

OSU Continuous Service Date:

College/VP Unit/Department:

Probation end date:

Supervisor:

Type of request (see Probationary Period policy, 5.10): Removal Demotion

Details:

Description of issues leading to request for removal or demotion:

Dates of performance feedback and/or probationary performance evaluation:

Is employee Currently on Administrative Leave Yes No

Manager/Supervisor Signature

Date

SHRP/HRP or Designee Signature

Date

Submit form and all supporting documents to:

University: Office of Human Resources, Employee and Labor Relations
Wexner Medical Center: WMC-HR, Employee and Labor Relations



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HUMAN RESOURCES

