**Involuntary Separation Memorandum**

Name of employee involuntarily separated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date employee was involuntarily separated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of historic efforts utilized to encourage employee toward acceptable performance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Detailed description of the event/behavior ultimately causing the decision to involuntarily separate the employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Set forth each and every witness to the event causing the involuntary separation:

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Set forth the impact that the behaviors described above had upon the Organization’s ability to fulfill its mission:

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**Note: Attach** any supporting documents, such as witness statements, schedules, etc. to this memorandum that support the decision to involuntarily separate the employee.

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Supervisor Signature Date