

# Brownsville Independent School District

Human Resources Department

1900 East Price Road, Suite #106 Brownsville, Texas 78521-2417



## RECOMMENDATION FOR TERMINATION OF EMPLOYMENT

Adopted Aug. 2016

Employee Name: \_\_\_\_\_

Campus/Department: \_\_\_\_\_

You are hereby notified that your performance in the following area(s) is unsatisfactory at this time. We want you to remain employed for the Brownsville Independent School District. Failure to correct deficiencies may result in termination of employment.

INFRACTION(S);

Unauthorized Leave	Abuse of Leave	Stealing	Horseplay
Habitual Tardiness	Laziness	Failure to perform duties as assigned	Sleeping on Duty
Excessive Absences	Workplace violence	Insubordination	Harassment/Bullying
Failure to Observe Assigned Work Hours	Conduct unbecoming of a District employee	Falsification of Records or Documents	Defacing State Property
Leaving Work Station w/o authorization or for a long period of time	Willful Violation of Written Rules, Regulations & or Policies	Unauthorized Use of State Equipment / Property	Interference with Other Employee's Work
Excessive use of Telephone for Personal Matters	Reporting to Work under the influence of alcohol	Destruction or Misuse of Property / Equipment	Malicious Use of Profane / Abusive Language to Others
Possessing or using Illegal Drugs on the job	Discourteous treatment of visitors or customers	Willful false statements to a supervisor	Unauthorized Solicitation or Sales on State Premises
Conviction of a Felony which adversely reflects on an individual's suitability for continued employment	Conviction of a misdemeanor which adversely reflects on an individual's suitability for continued employment	Failure to maintain satisfactory or harmonious working relationships with Employees or Supervisors	Unauthorized Distribution of Written or Printed Material of any kind
Other Specify; _____			

First Offense: \_\_\_\_\_ Second Offense: \_\_\_\_\_ Third Offense: \_\_\_\_\_ Fourth Offense: \_\_\_\_\_

*BISD does not discriminate on the basis of race, color, national origin, sex, religion, age, disability or genetic information in employment or provision of services, programs or activities.*

*BISD no discrimina a base de raza, color, origen nacional, sexo, religión, edad, discapacidad o información genética en el empleo o en la provisión de servicios, programas o actividades*

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### Violations or problem requiring corrective action:

Comments:

### Policies Violated

Comments:

### Previous attempts to address the violations or problem

Comments:

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### Corrective actions needed

Comments:

Meeting Date \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Ten Business Days after Meeting Date (Date of Written Documentation is due) \_\_\_\_\_

*My signature indicates receipt of this memorandum which has been explained to me in its entirety. My signature does not necessarily indicate that I agree with its contents. I was given the opportunity to ask questions for clarification and have been directed to ask my Supervisor for guidance in the event that questions exist. I understand that a copy of this document may be included as documentation for my evaluation. I further understand that I have a right to respond within ten working days. Refusal to sign this notice will be considered insubordination which may lead to further disciplinary action.*

## RECOMMENDATION FOR TERMINATION OF EMPLOYMENT

\_\_\_\_\_  
Employee's Name & ID (Print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Name (Print)

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Area/Assistant Superintendent

\_\_\_\_\_  
Signature of Area/Assistant Superintendent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Human Resource Admin.

\_\_\_\_\_  
Signature of Human Resource Admin.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Assistant Superintendent

\_\_\_\_\_  
Signature of Assistant Superintendent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Superintendent

\_\_\_\_\_  
Signature of Superintendent

\_\_\_\_\_  
Date

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