San Benito CISD
Recommendation to Terminate At-Will Employment

Employee Name: _____ Date: _____

Dept./Job Title: _____ Supervisor: _____

Attach additional sheets if necessary to complete this form.

Reason(s) for Recommendation:

___ Attendance
___Insubordination
___Unacceptable Job Performance
___Violation of Policy/Procedure/Work Rule
___Unacceptable Conduct
___Other

1. **Describe incident(s) or other reasons for corrective action, including specific dates and details:**

   [Add detailed narrative of facts; Supporting documentation must accompany form]

2. **Employee conduct violated the following policies/procedures/work rules:**

   [If applicable, list applicable policies, procedures, work rules; Supporting documentation must accompany form]

3. **Corrective action, prior corrective action, & other steps taken to improve employee's conduct and/or performance:**

   [If applicable, summarize prior corrective action, etc.; Supporting documentation must accompany form]

Signatures:

Date: _____ _____
Printed Name, Title, & Signature of Supervisor (if applicable)

Date: _____ _____
Printed Name, Title, & Signature of Assistant Supt./Superintendent
(If applicable)

Date: _____ _____
Printed Name, Title, & Signature of Human Resources Representative
(if applicable)

Note: With appropriate approvals and supporting documentation, this recommendation will be submitted to the board as a recommendation for employment termination.)