

*STATE UNIVERSITIES CIVIL SERVICE SYSTEM
1717 Philo Road, Suite 24
Urbana, IL 61802-6099*

**EMPLOYER CERTIFICATION OF COMPLIANCE
DISCHARGE/DEMOTION PROCEDURES**

Employee's Name

Employee's Address -- Street and Number

City State Zip Code

Civil Service Classification Code and Title

Civil Service Position Number

I hereby certify for the Employer, The Board of Trustees of _____, that all procedures set forth in section 250.110(f)(2)(A) of the Illinois Administrative Code (80 Ill. Adm. Code §250.110(f)(2)(A)) have been followed, and there has been full compliance with any options elected thereunder by the employee named above.

Dated this _____ day of _____, _____.
(day) (month) (year)

Employer Representative Name, Title (typed or printed)

Signature of Employer Representative

August, 2009