



STATE OF ILLINOIS
STATE UNIVERSITIES CIVIL SERVICE SYSTEM

INTENT TO INITIATE DISCHARGE PROCEEDINGS

Employer Information

Place of Employment _____

Place of Employment Number _____

Employee Information

Name

Home/Cell Phone Number

Address

Personal email address (*if known*)

City

State, Zip Code

Civil Service Class

CS Position Number

Date of Hire

Date of Appointment to Current Class

This is notification that your Employer intends to initiate proceedings before the University Civil Service Merit Board to discharge you from your civil service position noted above. This action is being taken in accordance with the State Universities Civil Service Act ("Act") (110 ILCS 70/36o) and the Civil Service Rules ("Rules") (80 Ill. Adm. Code §250.110(f)).

The proposed charges for discharge are:

- 1.
- 2.
- 3.
- 4.
- 5.

In support of these charges, a detailed description of the incidents, including dates, places, and names of witnesses and individuals involved, is attached.

Also attached are:

Check all that apply.

Section 36o of the Act and Rule 250.110(f),

all employer policies that apply, and

any collective bargaining agreement language that applies.

(over)

Rule 250.110(f)(2)(A) states that either or both of the following options are available to you.

- Within three workdays of the proof of service date listed below, you may notify the Employer (using the contact information below) of your request for the Employer to hold a conference with you and/or your representative. The purpose of this conference is to allow you to respond to the matters contained in this notification in an attempt to achieve a reconciliation or understanding of these charges.
- Within three workdays of the proof of service date listed below, you may submit to the Employer (using the contact information below) a written response to these charges.

Please call or email to indicate your intent to require a meeting or provide your written response to the contact below by 4:00 p.m. on _____.
date

Contact: _____

Email: _____

Phone Number: _____

Name (typed or printed)

Title

Signature

Date

PROOF OF SERVICE ON EMPLOYEE

The undersigned hereby certifies that on _____, the Employee, _____ was served by:
date Employee name

personal service by _____.
name, title

an overnight delivery service that requires a signature upon receipt in an envelope fully prepaid and addressed to the Employee as stated in said **INTENT TO INITIATE DISCHARGE PROCEEDINGS**, which is hereby certified to be the last known address of the Employee as shown on the Employer's records. Overnight Delivery No. _____ by _____ and by First Class Mail. (FedEx, UPS, USPS, etc.)

Employer Representative Signature

Date