Hearing

1. Date on which the employee was summoned to a hearing: ______________________________

2. Date of the hearing: ______________________________

3. Those present at the hearing:
   Personnel assistant/director in the unit: ______________________________
   The employee: ______________________________
   ________________________________________________
   ________________________________________________

4. Reasons for the request for termination of employment (claims and documents):
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

5. Employee's response:
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
6. Was the employee offered other positions? Is s/he capable of executing them (including details of the positions that were offered to the employee during the hearing)?

7. The unit’s recommendation (regarding the employee’s continued employment in the unit):
8. The decision of the Division for Human Resources (or the decision of the director of the unit in the case of an employee who is employed on an hourly basis):

______________________________

______________________________

______________________________

______________________________

______________________________

______________________________

______________________________

______________________________

______________________________

______________________________

Supervisor’s Signature

(088) 14/2/2019 Management Directive 05-059