HAND DELIVERED

TO: Employee Name, Title

FROM: Name, Title [Initial on original copy]

 Name, Title [Initial on original copy]

DATE: July 28, 2015

RE: Memo of Concern

We are writing this letter to express our concerns regarding following appropriate protocol, completing and filing required paperwork, adhering to department policies etc. [insert applicable reason(s)].

On a number of occasions [insert applicable dates] Name, Chair of Department has met with you to discuss the need to x. X is critical to x [explain why this is important and possible impacts by not doing so].

[Describe problems and possible impacts]

The behavior described in this letter must stop immediately. Please review the attached policies [if applicable department/research policies]. Please review the ethics policies cited noting that is your obligation to know and follow University policies.

We want you to be successful in your work at WSU. Please do not hesitate to ask us questions and utilize us a resource. We hope you understand the seriousness of you actions and adjust your behavior accordingly.

Should you wish to respond to this letter or should you have comment upon it, please provide your statement to me in writing on or before [count 10 days, with “day 1” being the day after the letter is delivered].

[If applicable]

If you are experiencing personal problems which may be impacting your ability to effectively perform the duties of you position and conduct yourself appropriately, I encourage you to contact the Employee Assistance Program at Washington Building, Room 301 or by telephone at 509-335-5759 or toll free at 877-313-4455 [for employees at WSU locations other than Pullman]

cc: Appropriate Area/Department Representative(s)

 HRS Employment Services