

Employee Response to Decision-Making Leave

Employee Name: _____
Department: _____
EmplID: _____
Job Title/Position: _____

I have made a decision about my employment with the University of Oklahoma. That decision is as follows:

___ I have decided that I will return to work and will follow all policies of the University including correcting the specific behaviors outlined in disciplinary action memos. I understand that if, in the future, if I fail to follow those policies and procedures, my employment will be terminated.

I intend to correct the following in the following manner:

Behavior	Procedure to Correct
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

___ I have decided that I will not return to work. By this action I resign my position at the University, immediately.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

c: Internal copies to immediate supervisor, Dean, Director or VP
[Academic Areas must copy Senior Vice-Provost]
OHR – Employee Relations