

Certified Mail-Return Receipt Requested

DATE

NAME  
ADDRESS  
CITY, STATE, ZIP CODE

Dear Mr./Ms. [NAME]:

You have been absent from your assigned workplace since [DATE - LAST DAY OF WORK OR LAST DAY OF APPROVED LEAVE]. Because your absence, which has been for at least three workdays, has not been approved, I must assume that you have abandoned your position.

Your last official date of employment was [DATE - LAST DAY OF WORK OR LAST DAY OF APPROVED LEAVE]. Your termination due to job abandonment was effective on [DATE -THIRD WORKDAY OF UNAPPROVED ABSENCE] at the [CLOSE OF BUSINESS OR END OF THE WORK SHIFT]. You will receive payment for any accrued leave, as appropriate. If applicable, your final pay check or pay statement will be mailed to the above address. You may call [NAME, PHONE NUMBER] to make arrangements to pick up any personal belongings and to return any university property that may be in your possession. Collection efforts may be initiated if university property is not returned.

You may request, in writing and within seven calendar days from this letter's certified mail postmark date, that I reconsider this decision. If you do so, please explain any extenuating circumstances that you believe prevented you from reporting to work or contacting your supervisor.

[FOR STAFF EMPLOYEES WITH PERMANENT STATUS AND OUT-OF-UNIT ADMINISTRATION EMPLOYEES] You have the right to grieve this action through the university grievance procedure within 30 calendar days after receipt of this letter. If you wish to file a grievance, you may contact [NAME] in Employee Relations/Human Resources at [PHONE NUMBER] and you will be provided with the appropriate form, or you may access the form at the following website address: [usfweb2.usf.edu/HR/er/erforms.html](http://usfweb2.usf.edu/HR/er/erforms.html). Alternatively, and if applicable to your position's class, you may file a grievance through the appropriate collective bargaining agreement grievance procedure.

If you currently have health and certain other insurance through USF, you will receive information from the State of Florida's benefits administrator, People First, explaining your right to continue your coverage under COBRA. Also, I encourage you to contact Employee Benefits/Human Resources at 974-2970 for any benefits questions you may have.

Sincerely,

DEAN'S/DIRECTOR'S/DESIGNEE'S NAME  
TITLE

Copy to: [NAMES]  
Employee Relations File  
Human Resources Personnel File