



**RECOMMENDATION TO DEFER STEP INCREASE**  
WCSD Human Resources

Employee:

Work Site:

Employee ID No.:

Position:

Pursuant to the Negotiated Agreement, the employee listed above is recommended to have the step increase deferred due to performance deficiencies. In an effort to assist the employee, the attached performance improvement plan has been implemented and the deficiencies are still evident. This has been discussed and provided to the employee. I am also attaching a summary of the assistance provided and summary of discussions with the employee.

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director Level Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
EC Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

I accept this recommendation

I intend to request a review with representation (must occur within 10 days)