



RECOMMENDATION TO DEFER STEP INCREASE

WCSD Human Resources

Employee _____ Work Site _____

Employee ID # _____ 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

Assistant Superintendent Human Resources

Date

Employee Signature

Date

____ I accept this recommendation

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