## STATE OF MARYLAND DEPARTMENT OF BUDGET & MANAGEMENT OFFICE OF PERSONNEL SERVICES AND BENEFITS 301 WEST PRESTON STREET BALTIMORE, MD 21201

## UNSATISFACTORY REPORT OF SERVICE

EMPLOYEE NAME:				
	(Last)	(First)	(Middle)	(SPS Employee ID No.)
CLASSIFICATION:				
SEPARATED FROM:				
	(Name of Principal Unit)		(Appro	priation Code)
SEPARATION WAS (CH	IECK AS APPROPRIATE):			
Resignation	☐Resignation Withou	t Proper Notice Res	signation in L	ieu of Termination
☐ Termination Without Prejudice ☐ Termination With Prejudice ☐ Other:				
EFFECTIVE DATE OF SEPARATION: (mm/dd/yy)				
Explain the need for this unsatisfactory report:				
Copy to employee:  Copy delivered in person				
	(Date) (mm/dd/yy)	☐Copy maile	d to:	
REPORT FILED BY:				
	(Appointing Authority)	(Title)		(Date)
APPEAL RIGHTS: An employee may submit a written request to change an unsatisfactory report to the Department of Budget and Management, 301 West Preston Street, Baltimore, Maryland 21201, within 30 calendar days of receipt. The Secretary of Budget and Management or the Secretary's designee may modify or correct any inaccurate or incomplete information on the unsatisfactory report. Only the appointing authority or the head of the principal unit who filed the report shall have the authority to rescind the report.				
DEPARTMENT OF BUDGET AND MANAGEMENT USE ONLY				
ACTION:	DATE OF A	CTION:	EXPIRATION	I DATE: