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) (Social Security No.)

CLASSIFICATION: _____

SEPARATED FROM: _____ _____
(Name of Principal Unit) (Appropriation Code)

SEPARATION WAS (check, as appropriate):

☐ Resignation ☐ Resignation Without Proper Notice ☐ Resignation in Lieu of Termination

☐ Termination Without Prejudice ☐ Termination With Prejudice ☐ Other: _____

EFFECTIVE DATE OF SEPARATION: _____

Explain the need for this unsatisfactory report:

_____

_____

_____

_____

Copy to employee: _____ ____ Copy delivered in person
(Date)

____ Copy mailed to the following home address:

_____

_____

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 ACTION:* _____ *EXPIRATION DATE:* _____

MS-106 (REVISED 5/98)