



EMPLOYEE TERMINATION FORM

EMPLOYEE NAME: _____ **ID#:** _____

POSITION/TITLE: _____

BUDGET UNIT: _____ **BUDGET#:** _____
(16 digit)

Effective date of termination: _____ **Last Day at Work*:** _____
(*required)

STUDENT EMPLOYEE: ☐ Yes ☐ No

REASON FOR TERMINATION:

- ☐ Voluntary Quit (Resigned)
- ☐ Retired
- ☐ Promotion/Transfer
- ☐ Discharge
- ☐ End of Assignment
- ☐ Other

Comments:

Upon verifying the above information, please sign and date the appropriate lines and forward to the next person.

EMPLOYEE: _____	DATE _____
BUDGET UNIT HEAD: _____	DATE _____
ASSOCIATE DEAN (IF APPROPRIATE): _____	DATE _____
DEAN: (FACULTY ONLY) _____	DATE _____
APPROPRIATE VP: _____	DATE _____
HUMAN RESOURCES: _____	DATE _____

- A signature of the terminating employee is not required.
- Questions concerning terminations should be directed to the Director of Human Resources.

Office Use Only	
Benefits	DR <input type="checkbox"/>
COBRA: _____ YES _____ NO	DOCUMENTATION: _____
INTERVIEW DATE: _____	DATE TO TERM DISABILITY: _____
	DATE TO TERM HEALTH & LIFE: _____
4/98	