Clear Form | Instructions

PRINCETON UNIVERSITY

TERMINATION/RETIREMENT FORM

This form is used to process the termination or retirement of a DOF or HR staff member. Complete both sections. To ensure correct payment for the final day of work, be sure to fill in both date fields in Section II.

Current Staff: ☐ DOF Staff
☐ HR Monthly Staff
☐ HR Biweekly Staff

☐ Correction
Explain: _____

SECTION I. EMPLOYEE INFORMATION

Employee Name: _____
Last Name *First Name* *MI*

Empl ID: _____ Dept # _____ Department: _____ Business Unit: **Select One**

SECTION II. TERMINATION/RETIREMENT INFORMATION

Last Day Worked/Paid: _____ *MM/DD/YY* Effective Date *(day after last day worked/paid)*: _____ *MM/DD/YY*

Reason for Termination or Retirement: **Select One**
CLICK here for Termination Reason Description

If **OTHER** is selected, please provide explanation: _____

Number of vacation HOURS earned but not taken (Not Days): _____

Charge Vacation to Department # _____ Charge Vacation to Fund: _____

Charge Vacation to Program: _____ Charge Vacation to PC BU: _____

Charge Vacation to Project: _____ Charge Vacation to Activity: _____

Lump Sum Severance: $_____ Charge Severance to Department #: _____

Charge Severance to Fund: _____

Charge Severance to Program: _____

Forwarding address/phone#: _____
Street

_____
City *State* *Zip*

_____
Phone #

DOF only: Evaluation of total contribution (brief summary of the quality of the work; contribution to the project; recommendation as to future employability).

Comments: _____

_____ _____
Authorized Department Signature Date Authorized DOF/HR Signature Date

_____
Print Name

For Internal HR use only: ☐ Rehire subject to HR review

Upon completion, please submit signed form as follows:
Office of the Dean of the Faculty – scan and submit to DOF dropbox
Office of Human Resources – scan and email to your designated HR Representative