

Termination/Separation Notice

Employee Name: _____

Employee Position: _____

Primary Location: _____

Supervisor/Dept. Head: _____

Social Security Number: _____

Termination Conditions: Dismissal Non-Renewal*
 Resignation** Job Abandonment
 Retirement Other: _____

** In the case of non-renewal this form must be completed and turned into the HR Office 45+ days before the expiration of the employees contract.*

*** Please attach signed resignation letter.*

Last Date of Employment: _____

Contract or LOA Expiration Date: _____

Eligible for Rehire: Yes No Conditional

Conditions: _____

Turned in Keys to Supervisor: Yes No

----- Administrative Authorization -----

Supervisor Signature: _____ **Date:** _____

President Signature: _____ **Date:** _____

----- Inner Office Information -----

Vacation Leave _____ (# of hours to be paid)

Stipulations regarding vacation leave (if any):

Stipulations regarding final payroll (if any):

Date Rec'd in HR Office: _____

Date Rec'd in Payroll: _____

