

Termination/Retirement Form

Name: _____ Last Day Worked: ____ / ____ / ____
 Position Title: _____ Department: _____
 Position Number: _____ Employee ID # _____
 Address Change (If Known): _____

Select One (from each section)

- Full-time
 Part-time
-
- Regular
 Temporary
-
- Administrator (Vacation time used since June 1st) _____
 Faculty
 Support Staff (Send final time sheet to Payroll Office, Box 2458)

Reason for Separation (Select One)

- Termination
 Retirement *

* Email HR as soon as possible with termination information (For those with benefits, and exit interview will be scheduled)

If Termination, Select Most Appropriate Reason:

- | | |
|---|---|
| <input type="checkbox"/> Death | <input type="checkbox"/> End temp. employment |
| <input type="checkbox"/> Failure to return from leave | <input type="checkbox"/> Reorg-position eliminated |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Mutual consent |
| <input type="checkbox"/> Resignation | <input type="checkbox"/> Job abandonment * |
| <input type="checkbox"/> Dissatisfied w/type of work | <input type="checkbox"/> Willful misconduct * |
| <input type="checkbox"/> Dissatisfied w/work conditions | <input type="checkbox"/> Return to school |
| <input type="checkbox"/> Personal reasons | <input type="checkbox"/> Involuntary discharge* |
| <input type="checkbox"/> Relocation | <input type="checkbox"/> Unsatisfactory performance * |
| <input type="checkbox"/> Termination w/pay * | <input type="checkbox"/> Falsification of Co. Records * |
| <input type="checkbox"/> Voluntary separation program * | <input type="checkbox"/> Violation of Co. Policy * |

HR USE ONLY If Retirement, Select One

- Retired w/active benefits *
 Retired w/benefits *
 Retired, no benefits *
 Position number _____
 eff date ____ / ____ / ____
 Position number _____
 eff date ____ / ____ / ____

(*Call HR Office #6202)

If voluntary, attach resignation letter.

Signatures:

Originator _____ / ____ / ____ Budget Office _____ / ____ / ____
 Supervisor _____ / ____ / ____

HR/PAYROLL USE ONLY

Co-Director ____ / ____ / ____ Co-Director ____ / ____ / ____ Payroll ____ / ____ / ____ Benefits Specialist ____ / ____ / ____ Office Assistant ____ / ____ / ____